W	ATER WELL PLUGGIN	G RECORD Form WV	VC-5P KSA 8	2a-1212 ID NO.		
1	LOCATION OF WATER WELL County: Ellsworth	L: Fraction 1/4 SE 1/4 SW 1/4 SE		T 17 S	9 ⊓E 77W	
	Street/Rural Address of Well Locat direction from nearest town or inter check here 777 Avenue Y	Clobal Positioning Systems (GPS) information: Latitude: 30.5222 (in decimal degrees) Longitude: 98.357480 (in decimal degrees) Elevation: 1789				
on	the ONEOK natural gas facilit	y.	Datum: WGS84, NAD83, NAD27 Collection Method:			
2	WATER WELL OWNER: K RR#, St. Address, Box #: 10 City, State ZIP Code:	GPS unit (Make/Model: Garmin 60CS Digital Map/Photo, Topographic Map, Land Survey				
	Est. Accuracy: $\square < 3 \text{ m}, \square > 15 \text{ m}$					
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	WELL'S STATIC WATER LEVEL 23.6				
	WELL WAS USED AS: Domestic Public Water Supply Dewatering Monitoring Dewatering Dew					
w						
5	5 TYPE OF BLANK CASING USED:					
	Steel RMP (SR) Wrought Fiberglass Other (Specify below) ABS Concrete Tile					
Blank casing diameter 2 in. Was casing pulled? Yes No I If yes, how much II' Casing height above or below land surface Flockment in.						
6	6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other					
Grout Plug Intervals: From 31.6 ft. to 2 ft., From ft. to ft., From to ft.						
	What is the nearest source of possible contamination: Septic tank Seepage pit Sewer lines Pit privy Fertilizer storage Watertight sewer lines Sewage lagoon Lateral lines Feedyard Cess pool Livestock pens Oil well/Gas well Other (specify below) solvent AST Direction from well? How many feet?					
		LUGGING MATERIALS	FROM TO	PLUGGING	MATERIALS	
		te Grout				
		Mar ar a				
	Original Returned to Sender for Correction Date: 4-27-10					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/12/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 710 . This Water Well Record was completed on (mo/day/year) 4/23/10 under the business name of Below Ground Surface, Inc. by (signature)						
INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html.						
Check one: ☐White Cony ☐ Blue Cony ☐ Pink Cony						