| \$bet | √ % | | | | 17779 |
|--|--|---|--|---------------------------------|--------------|
| – - | TER WELL PLUGGING I | | VWC-5P KSA 8 Section Number | Za-1212 ID NO. Township Number | Range Number |
| | LOCATION OF WATER WELL: County: Rush | 1/4 SE 1/4 SE 1/4 S | SE 1/4 13 | T 18 S | 17 🗀 E 🗷 W |
| | Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here | | | | |
| | WATER WELL OWNER: Vic F RR#, St. Address, Box #: 3415 City, State ZIP Code: Time | GPS unit (Ma Digital Map/Pl | GPS unit (Make/Model: ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m | | |
| | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL 28 ft WELL WAS USED AS: Domestic Public Water Supply Dewatering Monitoring | | | | |
| W | | | | | |
| 5 | TYPE OF BLANK CASING USED: Very Steel RMP (SR) Wrought Substituting Fiberglass Concrete Tile Blank casing diameter 16 in. Was casing pulled? Yes No Very If yes, how much in. | | | | |
| 1 | GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Grout Plug Intervals: From 28 ft. to 4 ft., From ft. to ft., From to ft. What is the nearest source of possible contamination: Septic tank Seepage pit Pit privy Pit privy Watertight sewer lines Lateral lines Cess pool Direction from well? West How many feet? 60 | | | | |
| - Cold distance of the cold of | | | | | |
| | FROM TO PLU | GGING MATERIALS | FROM TO | PLUGGING | MATERIALS |
| | 69 28 Chlorinate | | | | |
| | 28 4 Cement | | | | |
| | 4 0 Top soil | CONTRACTOR OF THE STATE OF THE | | | |
| | | | | | |
| | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/1/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134 . This Water Well Record was completed on (mo/day/year) 10/12/11 under the business name of Rosencrantz-Bemis 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 Copy Blue Copy Pink Copy | | | | | |