5419			WATER WELL PLUGGING RE	CORD Form WWC-5	D Form WWC-5P KSA82a-1212			ID NO. TW 11-99	
LOCATION OF WATER WELL:			Fraction	Section Nu	mber	Township	Number	Range Number	
County:	Nes	s	NW 1/4 SE 1/4 SW 1	/4 31	Т	18	S	R 21 E W	
Distance and direction from nearest town or city street address of well if located within city?									
Just south	h of Bazine								
2 WATER WELL OWNER: City of Bazine									
RR#, St. City, Stat	. Address, Bo te, ZIP Code	x # P.Ö. Bo Bazine,	ox 43 , KS 67516		Board of Agriculture, Division of Water Resources Application Number:				
1 1			4 DEPTH OF WELL	232	232 ft				
AN "X"	IN SECTION	BOX:	WELL'S STATIC WAT	TER LEVEL 65	ft.				
	1 I		WELL WAS USED AS:						
	l		1 Domestic	5 Public Wate	5 Public Water Supply 9 Dewatering				
w NE			2 Irrigation	6 Oil Field Water Supply 10 Monitoria				oring Well	
			3 Feedlot	7 Domestic (Lawn & Garden) 11 Inject				n Well	
								Observation Well	
S W S E Was a chemical / bacteriological sample submitted to Department?Yes V No									
X If yes, mo/day/yr sample was submitted 10-5-99								3	
S Water Well Disinfected: Yes ✓ No									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)									
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile									
Blank casing diameter 5 in. Was casing pulled? Yes No V If yes, how much Cut off									
Casing height above or below land surface 60 in.									
6 GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other Bentonite Holeplug									
Grout Plug Intervals: From ft. to ft., From ft. to ft. From 65 ft. to 5 ft.									
1		•	essible contamination:	44 Fuel -te			40 0# (
İ			6 Seepage pit7 Pit privy	11 Fuel storage12 Fertilizer storage	-		16 Other (specify below) None known		
	wer iines atertight sewer		8 Sewage lagoon	13 Insecticide stora	•			DWII	
	eral lines		9 Feedyard		Abandoned water well				
	ss Pool		10 Livestock pens	15 Oil well/Gas well					
Direction from well? How many feet?									
FROM TO PLUGGING MATERIALS									
232 65 Chlorinate		ed Sand							
	65 5 Bentonite		Holenlug						
	5 0 Compacte		· · ·						
	U U	Compacie							
	<u> </u>								
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3-9-01 and this record is true to the best of my knowledge and belief. Kansas									
on (mo/day/year) 3-9-01 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year)									
3-27-01 under the business name of Clarke Well & Equipment, Inc.									
	gnature) <u>(</u>	1 / /	1 41 (G.A.						
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct									
answers. S	Send top thre	e copies to k	Kansas Department of Healt	h & Environment, B	ureau of Wa	ter, Topek	a, Kansas	66620-0001.	
Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.									