| WA | ATER WELL PLUGGING I | RECORD | Form WW | C-5P | KSA 82 | a-1212 ID NO. | HW-1 | |
|--|--|--------------------------------------|------------------------------|------------------------|-----------------------|--|--|--|
| 1 | LOCATION OF WATER WELL: County: MCPherson | Fraction | 4 SE 1/4 NW1/ | Section | Number | Township Number | Range Number | |
| | Street/Rural Address of Well Location; direction from nearest town or intersect check here | if unknown, distinction: If at owner | tance & 's address CSECTION | Global Po Latitude: | sitioning S 38.384 | ystems (GPS) inform 나나니 198 9 9 | ation:(in decimal degrees)(in decimal degrees) | |
| 2 | Collection Method: | | | | | | | |
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | OF WELL _ | 18 | ft. | | | |
| | WELL WAS USED AS: Domestic | | | | | | | |
| 5 TYPE OF BLANK CASING USED: Steel RMP (SR) Wrought Fiberglass Concrete Tile Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much 7.5 Casing height above or below land surface 36 in. | | | | | | | | |
| 6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Grout Plug Intervals: From 18 ft. to 6 ft., From ft. to ft., From ft. to ft. | | | | | | | | |
| What is the nearest source of possible contamination: Septic tank Seepage pit Pit privy Fertilizer storage Watertight sewer lines Lateral lines Cess pool Seepage pit Pit privy Fertilizer storage Insecticide storage Abandoned water well Oil well/Gas well Direction from well? Cess pool Livestock pens Oil well/Gas well How many feet? 2-3' | | | | | | | | |
| | | GING MATE | | FROM | ТО | PLUGGING | MATERIALS | |
| | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7 29 2015 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No . This Water Well Record was completed on (mo/day/year) 3 5 2415 under the business name of . This Water Well Record was completed on (mo/day/year) 3 5 2415 under the | | | | | | | | |
| 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. | | | | | | | | |