w	ATER WELL PLUGGING I	RECORD Form WW	/C-5P KSA 82	2a-1212 ID NO.	MW-2	
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
	County: McPherson Street/Rural Address of Well Location;		Global Positioning	T 19 S Systems (GPS) inform	1 □ E XW ation:	
	direction from nearest town or intersect check here north of the	ion: If at owner's address,	Latitude: 30.30 Longitude: 97.4	34641° 19899°	(in decimal degrees) (in decimal degrees)	
	56 highway	24th Avenue	Elevation:		NAD27	
	near Galva,	'KS	Datum: WG Collection Method:	884, N NAD83,	□ NAD27	
2	WATER WELL OWNER: 410	n PACIFIC RAILDAD	GPS unit (Mak	e/Model:		
	RR#, St. Address, Box #: City, State ZIP Code:	Digital Map/1 hoto, I Topographic Map, I Baild Salvey				
	Est. Accuracy: A < 3 m, L 3-3 m, L 3-13 m, L > 15 m					
3	MARK WELL'S LOCATION 4 DEPTH OF WELL 5 ft.					
	WELL'S STATIC WATER LEVEL 14.53					
	WELL WAS USED AS:					
	NW NE	Domestic Irrigation	Public Water Supp Oil Field Water Su	nnly Monit	oring	
v	W E Feedlot Domestic (Lawn & Garden) Injection Well					
	- SW SE -					
	Was a chemical/bacteriological sample submitted to Department? Yes No					
5	TYPE OF BLANK CASING USED:					
	Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC ABS Concrete Tile					
	Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much 6.5 Casing height above or below land surface 32 in.					
6 GROUT PLUG MATERIAL: Neat cement Cement grout Rentonite Other						
Grout Plug Intervals: From 18 ft. to 0 ft., From ft. to ft., From ft. to ft.						
What is the nearest source of possible contamination:						
Septic tank Seepage pit Fuel storage Other (specify below)						
Watertight sewer lines Sewage lagoon Insecticide storage						
	Lateral lines Feedyard Abandoned water well Direction from well? WEST Cess pool Direction from well? WEST How many feet?					
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		GGING MATERIALS	FROM TO	PLUGGING	MATERIALS	
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_	CONTRACTORIS OR LANDON	UNITED SCENE CATEGORIES				
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) 8,5,20,6 under the business name of 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.						