			WATER WELL PLUGGING R	ECORD Form WW	C-5P KSA 82a-1	212 ID N	0		
1 LOCATION OF WATER WELL:			Fraction	Section Number	er Township	Number	Range	Number	
County: McPherson			NE 14 NW 14 SW 14	20	19 \$	3	3	E ∕ W	
Distance and direction from nearest town or city street address of well If located within city? 1330 N. 81 Bypass, McPherson									
1									
<u> </u>		NER: ASF/ Keysto 3420 Simps	one on Ferry Rd.	De and at Aprila	udhum Dhdalaa asas	/stss Dans			
RR #, St. Address, Box #: City, State, ZIP Code : Camp Hill, PA 17011 Board of Agriculture, Division of Water Resources Application Number:									
		CATION WITH	4 DEPTH OF WELL	148	ft.				
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 94.9 ft.									
	WELL WAS USED AS:								
	v——	NE	1 Domestic 2 Irrigation	5 Public Water Se 6 Oil Field Water		9 Dewaterin			
w		E	3 Feedlot	 Domestic (Law) 	n & Garden)	11 Injection 12 Other	Well		
" х			4 Industrial	8 Air Conditioning	•			***************************************	
sv	SE SE Was a chemical / bacteriological sample submitted to Department? Yes								
	Water Well Disinfected: Yes								
TOPE OF PLANT AND LIGHT.									
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)									
PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile									
Blank casing diameter									
GROUT PLUG MATERIAL: 1 Neat cement ● Cement grout 3 Bentonite ● OtherConcrete									
Grout Plug Intervals: From									
1 Septic tank			6 Seepage pit	11 Fuel storage		Other (spec	cify below)		
Sewer lines Watertight sewer lines			7 Pit privy 8 Sewage lagoon	12 Fertilizer store 13 Insecticide sto	orage		***************************************		
4 Lateral lines 5 Cess pool			9 Feedyard 10 Livestock pens	14 Abandoned w15 Oil well/Gas w					
Direction from well? How many feet?									
FROM	FROM TO PLU		JGGING MATERIALS						
0	3	Concrete		*Inside	manufactur	ing plan	n+		
3	3 95 Bentonite			Top 3 f	Top 3 ft. not removed by verbal				
95	95 148 Chlorinated Sa		waiver granted by Richard Harper 11/17/2006.						
					•				
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)									
Water Well Contractor's License No									
by (signature)									

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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: 785/296-5522. Send one to Water Well Owner and retain one for your records.