				WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	0	
1	LOCA	TION OF WAT	TER WELL:	Fraction	Section Number	Township Number	Range Number	
County: McPherson			rson	NE 1/4 SE 1/4 NE 1/4	29	19 S	4E(W)	
Distance and direction from nearest town or city street address of well if located within city?								
NCRA Facility, Conway								
2 WATER WELL OWNER: National Cooperative Refinery Assoc.								
RR #, St. Address, Box #: 1391 Ironhorse Road City, State, ZIP Code : McPherson, KS 67460 Board of Agriculture, Division of Water Resources Application Number:							es	
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL								
	AN "X" IN SECTION BOX:			WELL'S STATIC WATER LEVEL Dry ft.				
	NW NE			WELL WAS USED AS:				
				1 Domestic	5 Public Water Supply 9 Dewatering			
				2 Irrigation 3 Feedlot	6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 11 Injection Well			
W			E	4 Industrial	8 Air Conditioning	12 Other		
	sv	Was a chemical / bacteriological sample submitted to Department? Yes						
		if yes, mo/day/yr sample was submitted						
	<u>_</u>	Water Well Disinfected: Yes No						
5	5 TYPE OF BLANK CASING USED:							
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)								
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile								
Blank casing diameter5 in. Was casing pulled? Yes No								
6								
Grout Plug Intervals: From3 ft. to29 ft., From ft. to ft., From ft. to ft., From ft., From ft.								
		eptic tank	source or possible	6 Seepage pit	11 Fuel storage	16 Other (spe	cify below)	
2 Sewer lines				7 Pit privy	12 Fertilizer storage	, ·		
3 Watertight sewer lines4 Lateral lines			er lines	8 Sewage lagoon 9 Feedyard	13 Insecticide storage14 Abandoned water w	ell		
	5 C	ess pool		10 Livestock pens	15 Oil well/Gas well			
Direction from well? How many feet?								
FROM TO PL				JGGING MATERIALS				
0		3	Clay		BP-02			
3		29	Neat cement (5	")				
			`					
					GeoCore #525			
, T								
	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)								
				point pen. <u>Please press firm</u> as Department of Health an				

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.