		WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	10
1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: McPherson		SW14 NW 14 NW 14	29	19 S	4 E(W)
		city street address of well if loc	ated within city?		
		poperative Refinery Assoc.			
			Do and of Amileuthons	District of Water Description	
RR #, St. Addre City, State, ZIP	ess, Box #: 1391 ironh Code : McPherson	N, KS 67460 Application Number:			
	S LOCATION WITH	4 DEPTH OF WELL 137 ft.			
AN "X" IN SE	CTION BOX: N	WELL'S STATIC WATER LEVEL63 ft.			
		WELL WAS USED AS:			
X	NE	1 Domestic	5 Public Water Supply	9 Dewater	
		2 Irrigation 3 Feedlot	6 Oil Field Water Supply7 Domestic (Lawn & Ga		
W	+ E	4 Industrial	8 Air Conditioning		
SW SE Was a chemical / bacteriological sample submitted to Department? Yes					
if yes, mo/day/yr sample was submitted					
Water Well Disinfected: Yes No					
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 diameter4 in. Was casing pulled? Yes					
6 GROUT PLUG MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: From3 ft. to90 ft., From ft., From ft., From ft.					
What is the nearest source of possible contamination:					
1 Septic tank 2 Sewer lines		6 Seepage pit7 Pit privy	11 Fuel storage12 Fertilizer storage	16 Other (spe	city below)
Watertight sewer lines Lateral lines		8 Sewage lagoon 9 Feedyard	13 Insecticide storage14 Abandoned water w	الم	
5 Cess pool		10 Livestock pens	15 Oil well/Gas well		
Direction from well? How many feet?					
FROM TO PLU		UGGING MATERIALS			
0 3	3 Clay		OW-22		
3 90 Neat cement (8		(")	•		
			GeoCore #525		
-					
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: I	Use typewriter or ball	point pen. Please press firm	nly and print clearly. Pleas	e fill in blanks, underline	e or circle the correct
		as Department of Health ar 67. Telephone: 785/296-552			