WATER WELL PLUGGI		Form WW	C-5P	KSA 82				
LOCATION OF WATER WE County: McPherson	ELL: Fraction 1/4 NE	/ ₄ NE 1/ ₄ NE 1/ ₄	4	Number 23	Township Nu T 19	$S \mid 5 \mid E$		
Street/Rural Address of Well Lo direction from nearest town or in check here	Latitude: Longitude Elevation:	partial partial						
9 mi W of McPherson on Hwy 56			Datum: WGS84, NAD83, NAD27 Collection Method:					
2 WATER WELL OWNER: Williams MCF&S RR#, St. Address, Box #: 1372 7th Ave City, State ZIP Code: McPherson, KS 67460				GPS unit (Make/Model:				
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL 13.75 (btoc) ft WELL WAS USED AS:								
W NE SE SE	E Dom Irriga Feed Indus	estic ation lot strial	Public V Oil Field Domesti Air Con	Vater Suppl I Water Sup c (Lawn & ditioning	oply	Dewatering Monitoring Injection Well Other		
Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ✓								
5 TYPE OF BLANK CASING USED: Steel RMP (SR) Wrought Fiberglass Other (Specify below) Asbestos-Cement Concrete Tile Blank casing diameter 4 in. Was casing pulled? Yes No If yes, how much All Casing height above or below land surface ~30 in.								
Casing neight above of below faild surface in.								
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other								
What is the nearest source of possible contamination: Septic tank Seepage pit Sewer lines Pit privy Fertilizer storage Other (specify below) Fertilizer storage								
Watertight sewer lines Sewage lagoon Insecticide storage Lateral lines Feedyard Abandoned water well Direction from well? Cess pool Direction from well? How many feet?								
	PLUGGING MATE	RIALS	FROM	ТО	PLUG	GING MATERIALS		
0 3 Native 3 30 Ceme	ent grout (8")				59-2SO			
		-						
					·			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/3/2011 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/year) 12/1/201/ under the business name of GeoCore Inc. 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.								
	Check one: White Copy Blue Copy Pink Copy							