CORRECTED	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: Rice	SE14 NE14 SW14	33	19	8 E 7(%)	
Distance and direction from nearest town or city street address of well if located within city?					
North Logan Street, Lyons					
WATER WELL OWNER: RICE COUNTY HIGHWAY DEP'T					
RR #, St. Address, Box #: RR 3, Box 32 Board of Agriculture, Division of Water Resources City, State, ZIP Code : Lyons, KS 67554 Application Number:					
MARK WELL'S LOCATION WITH	TH 4 DEPTH OF WELL				
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL					
	WELL WAS USED AS:				
NW NE	1 Domestic	5 Public Water Supply			
	2 Irrigation 3 Feedlot	6 Oil Field Water Suppl7 Domestic (Lawn & Ga	arden) 11 Injection	Well	
E	4 Industrial	8 Air Conditioning	12 Other		
SW X SE Was a chemical / bacteriological sample submitted to Department? Yes					
Water Well Disinfected: Yes No					
S Water Well Distillected. 165					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) ● PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
Blank casing diameter2 in. Was casing pulled? Yes No					
Casing height above or below land surface					
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite Other Native soil and Concrete					
Grout Plug Intervals: From					
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (spec	cify below)	
Sewer lines Watertight sewer lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage			
4 Lateral lines 5 Cess pool	9 Feedyard 10 Livestock pens	14 Abandoned water w 15 Oil well/Gas well	rell		
Direction from well?					
Discussification from many leet:					
	UGGING MATERIALS				
0 3 Native soil		MW6			
3 20 Bentonite (8")		GeoCore #3			
20 39.5 Bentonite (2")					
		KDHE #U5 080	00296		
			ECTED		
			ECIED		
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	527	This Wate	er Well Record was comp	leted on (mo/day/year)	
by (signature)					
INSTRUCTIONS: Use typewriter or ball point 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: 785/296-5522. Send one to Water Well Owner and retain one for your records.					