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		SE¼ NE¼ SW¼	33	19	8 E/ ⊘		
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:						
3	MARK WELL'S	LOCATION WITH	4 DEPTH OF WELL				
	AN "X" IN SECTION BOX:		WELL'S STATIC WATER LEVELN/A ft.				
	N		WELL WAS USED AS:				
	NW NE		1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well		ng		
W		E	4 Industrial 8 Air Conditioning 12 Other				
	Was a chemical / bacteriological sample submitted to Department? Yes					No	
			Water Well Disinfected: Yes				
	S	S Water West Distributed. 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 surfaceN/Ain. Drilled out to 20'							
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite OtherNative.soil.and.Concrete						
Grout Plug Intervals: From							
1 Septic tank			6 Seepage pit	11 Fuel storage	16 Other (spe	cify below)	
2 Sewer lines3 Watertight sewer lines			7 Pit privy8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage			
4 Lateral lines 5 Cess pool		9 Feedyard 10 Livestock pens	14 Abandoned water w15 Oil well/Gas well	/ell			
Direction from well? How many feet?							
F	ROM TO	Pil	JGGING MATERIALS				
0 3 Native soil							
3 20 Bentonite (8")							
20 35.5 Bentonite (2")			GeoCore #3				
				KDHE #U5 080 00296			
				CORR	ECTED		
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							
	3/19/20	97 under t/hye	business game of .Geocore	a.lnc			
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct							
			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.