					WATER WELL PLUGGING R	ECORD	Form WWC-5P	KSA 82a-1212 ID) NO
1 LOCATION OF WATER WELL:					Fraction	Section Number		Township Number	Range Number
County: Rice					SE14 NE 14 SW 14		33	19	8 E(W)
				or c	ity street address of well if loca	ited within c	ity?		
North Logan Street, Lyons									
2 WATER WELL OWNER: RICE COUNTY HIGHWAY DEP'T									
RR #, St. Address, Box #: RR 3, Box 32 City, State, ZIP Code : Lyons, KS 67554 Board of Agriculture, Division of Water Resources Application Number:									urces
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL 42.5 ft.									
		Ŋ			WELL'S STATIC WATER LEVEL				
					WELL WAS USED AS:				
	-NW-		- NE		1 Domestic 2 Irrigation		ic Water Supply ield Water Supp		
w				Ε	3 Feedlot	7 Dom	estic (Lawn & G	arden) 11 Injectio	on Well
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				_	4 Industrial	8 Air C	Conditioning	12 Other	
	SW X SE Was a chemical / bacteriological sample submitted to Department? Yes								
	If yes, mo/day/yr sample was submitted								
		S			Water Well Disinfected: Ye	5 N	lo¥		
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									
Casing height above or below land surfaceN/Ain.									
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ● Bentonite ● OtherNative.soil								
Grout Plug Intervals: From									to ft.
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)									anife halaw)
2 Sewer lines					6 Seepage pit7 Pit privy	12 Fer	11 Fuel storage 16 Other (specify below) 12 Fertilizer storage		
3 Watertight sewer lines 4 Lateral lines					8 Sewage lagoon 9 Feedyard		ecticide storage andoned water v		
5 Cess pool					10 Livestock pens 15 Oil well/Gas well			, 0,1	
Direction from well? How many feet?									
FROM TO PLUGGING MATERIALS									
0 3 Native soil						MW9			
3 42.5 Bentonite (2")									
3 72		42.5	Bentonite (2)			GeoCore #3			
					,				
							KDHE #U5 080	0 00296	
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									
					Susmess name of Succession				
INS				_	point pen. <u>Please press firm</u>				
ans	wers. Send	d top three	e copies to Ka	nsa	as Department of Health an	d Environn	nent, Bureau o	f Water, Geology Sect	ion, 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.									