			WATER WELL PLUGGING R	ECOND Form WWC-	5P KSA 828-1212 ID	NO	
1 LOCA	TION OF WA	TER WELL:	Fraction	Section Number	Township Number	Range Number	
County: Rice			SE14 NE 14 SW 14	33	19	8 EM	
Distance and direction from nearest town or city street address of well if located within city?							
North Logan Street, Lyons							
2 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	AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL						
WELL WAS USED AS:							
	v — —	- NE	1 Domestic	5 Public Water Sup	ply 9 Dewate	ering	
			2 Irrigation 3 Feedlot	6 Oil Field Water Si 7 Domestic (Lawn 8	upply Monitor	ring Well	
w			4 Industrial	8 Air Conditioning			
Was a chemical / bacteriological sample submitted to Department? Yes							
SW SE If yes, mo/day/yr sample was submitted							
	Water Well Disinfected: Yes No						
S							
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							
CROUT BLUC MATERIAL. 1 Next comput. 2 Comput grout. 4 Pontonito. 4 Other Native Soil							
Grout Plug Intervals: From							
What is the nearest source of possible contamination:							
	eptic tank ewer lines		6 Seepage pit7 Pit privy	11 Fuel storage 12 Fertilizer storage	16 Other (sp	ecify below)	
3 Watertight sewer lines			8 Sewage lagoon	13 Insecticide store	age		
4 Lateral lines 5 Cess pool			9 Feedyard 10 Livestock pens	14 Abandoned wat 15 Oil well/Gas we			
Direction from well? How many feet?							
FROM TO PLU			JGGING MATERIALS				
0	3	Native soil		MW11			
3	39.75	Bentonite (2")		GeoCore #	,		
				Geocore #.	•		
				KDHE #U5	080 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							
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.