123 10826 TH- WATER WELL PLUG	1-08 GING RECOR	D Form WW	C-5P	KSA 821	a-1212 ID NO.		
1 LOCATION OF WATER County: Rice	WELL: Fraction		Section	Number 14	Township Number T 19 S	Range Number 8	
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here				Global Positioning Systems (GPS) information: Latitude: 38.393987 (in decimal degrees) Longitude: -98.172279 (in decimal degrees) Elevation: unknown			
				Datum: WGS84, NAD83, NAD27 Collection Method:			
2 WATER WELL OWNER: Knight Feedlot RR#, St. Address, Box #: City, State ZIP Code: Lyons, KS 67554				☐ GPS unit (Make/Model: WAAS ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m			
3 MARK WELL'S LOCA WITH AN "X" IN SEC BOX:	79 ft. TER LEVEL 24 ft						
WELL WAS USED AS: Domestic							
5 TYPE OF BLANK CASING USED:							
☐ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below) ☐ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile ☐ Concrete Tile							
Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much							
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other							
Grout Plug Intervals: From 4 ft. to 79 ft., From ft. to ft., From to ft.							
What is the nearest source of possible contamination: Septic tank Seepage pit Fuel Storage Sewer lines Pit privy Fertilizer storage Watertight sewer lines Sewage lagoon Insecticide storage							
☐ Lateral lines ☐ Feedyard ☐ Abandoned water well ☐ Direction from well? ☐ Cess pool ☐ Livestock pens ☐ Oil well/Gas well ☐ How many feet? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐							
FROM TO	PLUGGING N Topsoil	MATERIALS	FROM	ТО	PLUGGING	MATERIALS	
	Bentonite Chips			-			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 08/31/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 185 This Water Well Record was completed on (mo/day/year) 09/04/12 under the business name of Clarke Well & Equipment, 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/l~ndex.html .							
Check one: White Copy Blue Copy							