126 10826 Well No. 1 ( WATER WELL PLUGGING I	House) RECORD Form WW	/C-5P KSA 82a	ı-1212 ID NO.	
1 LOCATION OF WATER WELL:	Fraction 1/4 SW 1/4 SE 1/4 SE 1/4	Section Number	Township Number T 19 S	Range Number 8
County: Rice 1/4 SW 1/4 SE 1/4				
2 WATER WELL OWNER: Knigh RR#, St. Address, Box #: City, State ZIP Code: Lyons	Collection Method:  ☐ 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 LOCATION WITH AN "X" IN SECTION BOX:  N WELL'S STATIC WATER LEVEL 25 ft WELL WAS USED AS:				
W Domestic Public Water Supply Dewatering Irrigation Oil Field Water Supply Monitoring Domestic (Lawn & Garden) Injection Well Industrial Air Conditioning Other  Was a chemical/bacteriological sample submitted to Department? Yes No				
S 5 TYPE OF BLANK CASING USED:				
Steel RMP (SR) Wrought Fiberglass Other (Specify below)  PVC ABS Concrete Tile  Blank casing diameter 6 in. Was casing pulled? Yes No If yes, how much				
Casing height above or below land surface. 84 in.				
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other				
Grout Plug Intervals: From <u>3</u> ft. to <u>36</u> ft., From ft. to ft., From to ft.				
What is the nearest source of possible contamination:  Septic tank Seepage pit Fuel Storage None Known  Sewer lines Sewage lagoon Insecticide storage  Lateral lines Feedyard Abandoned water well Cess pool  Cess pool  Wateriest source of possible contamination:  Fuel Storage None Known  Fuel Storage None Known  Formula Sewage lagoon Insecticide storage  Oil well/Gas well  Direction from well?  How many feet?				
	GGING MATERIALS	FROM TO	PLUGGING	MATERIALS
0 3 Cement 3 36 Bentonit	e Chips		]	
	ted Sand			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/25/12 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) 10/30/12 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 <a href="http://www.kdheks.gov/waterwell/l~ndex.html">http://www.kdheks.gov/waterwell/l~ndex.html</a> .				
Check one: White Copy Blue Copy				