				WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID I	10	
1	LOCAT	TION OF WA	TER WELL:	Fraction	Section Number	Township Number	Range Number	
County: Rice				NE 14 NE 14 NE 14	6	20	10 K /W	
Distance and direction from nearest town or city street address of well if located within city?								
5 3/4 West of Chase								
water well owner: Richard McIntyre XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
	City, State, ZIP Code : 67526 Board of Agriculture, Division of Water Resources Application Number:							
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL								
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL								
			X	WELL WAS USED AS:				
	NV	v	— NE ———	1 Domestic	5 Public Water Supply	9 Dewater	ina	
			i l	2 Irrigation 3 Feedlot	6 Oil Field Water Supp	oly 10 Monitori	ng Well	
w			E	4 Industrial	7 Domestic (Lawn & G8 Air Conditioning	,	vveii	
	Was a chemical / bacteriological sample submitted to Department? Yes							
	SW — SE — If yes, mo/day/yr sample was submitted							
	Water Well Disinfected: YesX No							
	S							
5 TYPE OF BLANK CASING USED:								
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile								
Blank casing diameter5 in. Was casing pulled? Yes								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other hole plug								
Grout Plug Intervals: From								
What is the nearest source of possible contamination:								
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Ott 2 Sewer lines 7 Pit privy 12 Fertilizer storage						16 Other (spe Hous	ecify below)	
3 Watertight sewer lines				8 Sewage lagoon	13 Insecticide storage			
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Gas well								
Direction from well?South								
FROM TO PI				JGGING MATERIALS				
	15 3 Hole plu		Hole plug					
	3	0						
					-			
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)10-9-08								
Water Well Contractor's License No								
	by (sig	nature)∠	Tomer the	dusiness name of				
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.