		WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	0	
1 LOC	ATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County: McPherson		SE 4 SW 4 NW 4	5	20 S	3 E(X)	
Distance and direction from nearest town or city street address of well If located within city?						
T	horse Road, McPherson					
2 WAT	ER WELL OWNER: National C	ooperative Refinery Assoc.				
RR #, City, S	RR #, St. Address, Box #: 1391 Ironhorse Road Board of Agriculture, Division of Water Resources City, State, ZIP Code : McPherson, KS 67460 Application Number:					
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL						
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL80 ft.						
		WELL WAS USED AS:				
	W NE	1 Domestic	5 Public Water Supply			
		2 Irrigation 3 Feedlot	6 Oil Field Water Supp7 Domestic (Lawn & G			
W ^	E	4 Industrial	8 Air Conditioning	12 Other		
Was a chemical / bacteriological sample submitted to Department? Yes						
	If yes, mo/day/yr sample was submitted					
L	S S	Water Well DisInfected: Ye	sNo			
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 diameter						
6 GROUT PLUG MATERIAL: ● Neat cement 2 Cement grout 3 Bentonite ● Other Clay						
Grout Plug Intervals: From						
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)						
2	Sewer lines Watertight sewer lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage			
4 Lateral lines		9 Feedyard	14 Abandoned water w	vell		
5 Cess pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well?						
FROM	TO PL	UGGING MATERIALS				
0	3 Clay		*Casing remov	ed to 3' bgs		
3	91 Neat Cement	5")				
			ZL-05			
			GeoCore #875			
,						
7 CON	TRACTOR'S OF LANDOWN	R'S CERTIFICATION: This	water well was plugged	under my jurisdiction as	nd was completed on	
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
12/15/2006 under the business name of Geocore.inc.						
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.						