			WATER WELL PLUGGING RE	ECORD Form WWC-5P	KSA 82a-1212 ID I	NO	
1 LOCA	TION OF WA	TER WELL:	Fraction	Section Number	Township Number	Range Number	
County:	McPhe	rson	SW14 NE 14 SE 14	5	20 S	3 EQV	
	direction from orse Road, I		city street address of well if local	ated within city?			
<del> </del>							
<u> </u>			operative Refinery Assoc.				
	t. Address, Bate, ZIP Code	ox #: 1391 Ironho : McPherson	, KS 67460	Application Number	, Division of Water Resour	ces	
	WELL'S LOC	CATION WITH	4 DEPTH OF WELL	88 ft.			
All A							
			WELL WAS USED AS:				
	v———	NE	1 Domestic	5 Public Water Supply			
			2 Irrigation 3 Feedlot	<ul><li>6 Oil Field Water Suppl</li><li>7 Domestic (Lawn &amp; Ga</li></ul>			
W		E	4 Industrial	8 Air Conditioning	12 Other		
sv	SW Was a chemical / bacteriological sample submitted to Department? Yes						
	If yes, mo/day/yr sample was submitted						
	Ls		Water Well Disinfected: Yes	sNo			
5 TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)							
● PVC			pestos-Cement 8 Concrete				
Blank Casing	casing diame height abov	ter <u>8./.4</u> in. e or below land su	Was casing pulled?		If yes, how mu	ıch*	
6 GROU	T PLUG MAT	ERIAL: • N	eat cement 2 Cement grou	t 3 Bentonite   O	ther Clay		
1 1	Plug Intervals	: From	.0 ft. to3 ft.,	From3ft. to	88 ft., From	to fi	
What is	the nearest	source of possible	contamination:				
	eptic tank ewer lines		<ul><li>11 Fuel storage</li><li>12 Fertilizer storage</li></ul>	16 Other (spe	ecify below)		
Watertight sewer lines     Lateral lines			7 Pit privy 8 Sewage lagoon	13 Insecticide storage			
	ess pool		9 Feedyard 10 Livestock pens	<ul><li>14 Abandoned water w</li><li>15 Oil well/Gas well</li></ul>	/eii		
Directi	on from well?	)	How many	leet?			
50011		T	IDONO MATERIALO				
FROM	то	<del> </del>	UGGING MATERIALS				
0	3	Clay		*Casing remove	ed to 3' bgs		
3	50	Neat Cement (	3")	LF-02	•		
50	88	Neat Cement (	4")				
				GeoCore #875			
	-						
7 CONT	RACTOR'S	OF LANDOWNE	R'S CERTIFICATION: This	water well was plugged	under my jurisdiction a	and was completed on	
(mo/da	y/year)	***************************************	.11/22/2006	and this record is true	to the best of my knowle	edge and belief. Kansas	
	12/15/2006	under the	527 bysiness name of .Geocore	.lnc.			
by (sig	nature)	dale la	ll.				
			point pen. <u>Please press firm</u> as Department of Health an				

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.