			WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	10
1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number
County: McPherson			NE 14 NW 14 SE 14	5	20 S	3 €€
Distance and direction from nearest town or city street address of well if located within city?						
1591 Ironh	norse Road,	McPherson				
2 WATE	R WELL OW	NER: National Co	operative Refinery Assoc.			
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 LEVEL						
WELL WAS USED AS:						
n'	v	NE	1 Domestic	5 Public Water Supply		
			2 Irrigation 3 Feedlot	6 Oil Field Water Supp7 Domestic (Lawn & G		
W		X	4 Industrial	8 Air Conditioning	12 Other	
SW SE Was a chemical / bacteriological sample submitted to Department? Yes						
If yes, mo/day/yr sample was submitted						
Water Well Disinfected: Yes No						
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 diameter8./.4 in. Was casing pulled? Yes No						
GROUT PLUG MATERIAL: Neat cement 2 Cement grout 3 Bentonite Other Clay						
Grout Plug Intervals: From0						
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)						
2 Sewer lines 3 Watertight sewer lines			7 Pit privy 8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage	•••••••	
4 Lateral lines 5 Cess pool			9 Feedyard 10 Livestock pens	14 Abandoned water w 15 Oil well/Gas well	vell	
Direction from well? How many feet?						
FROM TO PLI		JGGING MATERIALS				
0	0 3 Clay			*Casing remov	ed to 3' bgs	
3	3 50 Neat Cement (8		")	LF-05D		
50	88	Neat Cement (4	")	L1 -03D		
				GeoCore #875		
7 CONT	RACTOR'S	OF LANDOWNE	R'S CERTIFICATION: This	water well was plugged	under my jurisdiction a	nd was completed on
Water \	Vell Contracto	r's License No	11/22/2006 527	This Wat	er Well Record was comp	oleted on (mo/day/year)
by (signature)						
			point pen. <u>Please press firm</u>			
answers. Se	end top three	e copies to Kansa	as Department of Health ar	d Environment, Bureau o	f Water, Geology Section	n, 1000 SW Jackson
St., Ste. 420), Topeka, K	ansas 66612-136	37. Telephone: 785/296-55	22. Send one to Water W	ell Owner and retain one	e for your records.