					WATER WELL PLUGGING R	ECORD Form \	WWC-5P	KSA 82a-1212 ID N	0	
1	LOCA	TION OF W	ATER WELL:		Fraction	Section Nu	ımber	Township Number	Range Number	
County: McPherson					NW14 SE 14 SE 14	5		20 S	3 E(W)	
1				or c	ity street address of well if loc	ated within city?				
1	591 Ironh	orse Road	d, McPherson							
2	WATE	R WELL O	WNER: Nationa	l Co	operative Refinery Assoc.					
	RR #, S City, Sta	t. Address, ate, ZIP Co	Box #: 1391 Ire de : McPher		orse Road KS 67460		Agriculture, [n Number:	Division of Water Resource	es	
3			OCATION WITH		4 DEPTH OF WELL	88	ft.			
Г	AN "X" IN SECTION BOX:				WELL'S STATIC WATER LEVEL					
					WELL WAS USED AS:					
	NV	v——	NE		1 Domestic	5 Public Water	er Supply	9 Dewateri	ng	
					2 Irrigation 3 Feedlot	6 Oil Field W 7 Domestic (I				
w				E	4 Industrial	8 Air Conditio				
	014	,	55		Was a chemical / bacteriolo	gical sample submi	itted to Depa	artment? Yes N	vo	
SE If yes, mo/day/yr sample was submitted .										
		S		ļ	Water Well Disinfected: Ye	os No	· 			
<u> </u>	TOPE OF PLANK OADING LIDED.									
5										
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 ● OtherClay									
Grout Plug Intervals: From									to ft	
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)										
	2 S	eptic tank ewer lines			6 Seepage pit7 Pit privy	12 Fertilizer	12 Fertilizer storage			
		latertight s ateral lines			8 Sewage lagoon 9 Feedyard		13 Insecticide storage 14 Abandoned water well			
	5 C	ess pool		10 Livestock pens			15 Oil well/Gas well			
Direction from well? How many feet?										
FROM TO PLUGGING MATERIALS										
0		3	Clay			*Casi	ng remove	d to 3' bas		
3		50	Neat Ceme	ent (8	R")					
50		88 Neat Cement				LF-03	3			
	50	00	Neat Ceme	#III (4	+)		#075			
						Geoc	Core #875			
	á.									
<u> </u>										
7	CONT	RACTOR'	S OF LANDOV	VNE	R'S CERTIFICATION: This	water well was	plugged u	nder my jurisdiction a	nd was completed on	
(mo/day/year)									pleted on (mo/day/year)	
	by (sic	12/15/20! (nature)	06 Junde	r the	business name of .GRΩΩΩΙ	e.Inc	•••••••			
INI										
					point pen. Please press fir as Department of Health a					
St.	, Ste. 420), Topeka	Kansas 6661	2-13	67. Telephone: 785/296-55	22. Send one to	Water Wel	I Owner and retain one	e for your records.	