WATER WELL PLUGGIN	NG RECORD Form WW	C-5P KSA 82a-1212 ID NO.	
1 LOCATION OF WATER WEI	LL: Fraction	Section Number Township Number Range Nu	mben DYL L
County: Lyon		SスNE タップ・ルT S Global Positioning Systems (GPS) information:	X E D W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, Global Positioning Systems (GPS) information: Latitude:			
check here		Longitude:(in decimal degrees)	
··········		Elevation:	
		Datum: WGS84, NAD83, NAD8Collection Method:	127
	L. Lui Kehres	GPS unit (Make/Model:	
2 WATER WELL OWNER: David W. Kehres RR#, St. Address, Box #: 655 Road X		Digital Map/Photo, Topographic Map, Lan	d Survey
City, State ZIP Code: Ope KS 46845		Est. Accuracy:	
_			
3 MARK WELL'S LOCATION 4 DEPTH OF WELL 2.5 ft.			
BOX:	WELL'S STATIC WA	TER LEVELft	
N	WELL WAS USED A		
NW NE	Domestic Irrigation	Public Water Supply Oil Field Water Supply Dewatering Monitoring	
w	E Feedlot	Domestic (Lawn & Garden) Injection Well	
SW SE Industrial Air Conditioning Other Lives Fork			
Was a chemical/bacteriological sample submitted to Department? Yes No			
5 TYPE OF BLANK CASING USED:			
Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC ABS Concrete Tile			
PVC ABS L Asbestos-Cement L Concrete Tile			
Blank casing diameter in. Was casing pulled? Yes T No T If yes, how much			
Casing height above or below	land surface in.		
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other			
Grout Plug Intervals: From 5 ft. to 7.5 ft., From ft. to ft., From to ft.			
Grout Plug intervals: From 5 it. to 7.5 it., From tt. to 1t., From 10 1t.			
What is the nearest source of possible contamination:			
Septic tank Seepage pit Fuel Storage Other (specify below)			
Sewer lines Pit privy Fertilizer storage Watertight sewer lines Sewage lagoon Insecticide storage			
Lateral lines Sewage lagoon Abandoned water well Direction from well? Secretary Sewage lagoon Abandoned water well Direction from well?			
Lateral lines Cess pool Ce			
	PLUGGING MATERIALS	FROM TO PLUGGING MATERIA	LS
25' 16	Sand		
16 #5	300 =07)		
	Bentonite		
4,5 ground	Top soil		
'			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was			
completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water			
completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) 5/25/2 under the			
business name of by (signature) \(\) \(
INSTRUCTIONS: Use typewriter or ballpoint 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: 785/296-5524. Send one to Water Well Owner and retain one for your			
records. Visit us at http://www.kdheks.gov/waterwell/index.html.			
Check one: White Copy Blue Copy Pink Copy			