	371	9153		WATER WEI	L PLUGGING RECO	ORD Form \	VWC-5P KSA	A82a-1212	ID NO.			
1	LOCAT	ION OF WATE	R WELL:	Fractio	n	Section	Number	Township	Number	Range	e Number	
Cou	nty:	Staffo	ord	SW 1/4	NE 1/4 SW 1/4		14	Т	21 S	R 12	₂ E W	
Dista	ance and	direction from	n nearest towr	n or city stree	address of well if lo	ocated within	city?					
Fro	om Sev	vard, 12 mi	les northeas	st								
2	WATER	WELL OWNER	R: A.C. Wi	idener Farr	ns, Inc.							
		Address, Bo le, ZIP Code	x# 1689 N Hudson	E 80 Ave. ı, KS 6754	15	Boa App	Board of Agriculture, Division of Water Resources Application Number: 28,820					
3		WELL'S LOCA		4 DE	PTH OF WELL	98.6	ft					
	AN X	IN SECTION	BOX:	☐ WE	LL'S STATIC WATER	RLEVEL	19.0 ft.					
ſ				· ·	LL WAS USED AS:							
	N W			1 D	omestic	5 Publi	c Water Supply		Dewatering Monitoring Well			
		, , ,		2 lr	rigation	6 Oil Field Water Supply		У				
w				8 F	edlot	7 Dom	estic (Lawn & Ga	arden)	11 Injection	n Well		
		x		4 lr	dustrial	8 Air C	onditioning		12 Other			
ł	s	w 	— S E ——	Was a	chemical / bacter	iological sa	mple submitte	d to Depart	ment?Yes	1	No 🗸	
				i	mo/day/yr sampl				-			
		S		Water	Well Disinfected:	Yes 🗸	No					
5	TYPE (OF BLANK CA	SING USED:									
	\bigcirc 1	Steel	3 RMP (SF	t) 5 Wrought 7 Fi			Fiberglass 9 Other (Specify below)					
		PVC	4 ABS		bestos-Cement		ncrete Tile	,				
		-	ter 16 bove or be	in. W	as casing pulled? surface 48	Yes 3	in.	<u>√</u>	If yes, how m	nuch		
6		PLUG MATE		Neat Cement		out :	Bentonite	4 Othe	er			
	Grout F	Plug Intervals	s: From	19 ft	to 4 ft.		ft. to	o	ft. From	ft.	to ft.	
			t source of po									
		ptic tank		6 Seepage p7 Pit privy			-		16 Other (specify below)			
							ertilizer storage		lone known			
		itertight sewei eral lines		8 Sewage la9 Feedyard			nsecticide storage bandoned water well		None known			
		ss Pool		10 Livestock		5 Oil well/Ga						
		tion from we			How many							
FROM		то	Р	LUGGING MA	ATERIALS							
98.6		19	Chlorinate	ed Sand								
19		4	Cement Grout									
	4	0	Compacte	ed Soil	- 10.							
					. 17.66.70							
	-,		***************************************									
					· · · · · · · · · · · · · · · · · · ·							

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 01-30-08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 771 This Water Well Record was completed on (mo/day/year) 01-31-08 under the business name of Clarke Well & Equipment, Inc.

by (signature)

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.