WA'	TER WE	ELL PLU	GGING F	RECORD	Form W	w(	C-5P	KSA 82	a-1212 ID NO.	23953
1 I	OCATION	OF WATE	R WELL:	Fraction		.,,	Section	Number	Township Number	
	County: Pa	Address of W	/ell Location:	if unknown, di	1/4 NC 1/4 N	VV 1/4	3 Global Pos	35 sitioning S	T 21 S Systems (GPS) inform	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	direction from nearest town or intersection: If at owner's address. Latitude: (in decimal degr									(in decimal degrees)
c	check here									(in decimal degrees)
										□ NAD27
	Collection Method:									
	District Man Oboto Tongambia Man									Man Land Survey
	,	ddress, Box ZIP Code:	,	8 W 129 St	C 66212		-	<u></u>		
			Over	Overland Park, KS 66213						
		ELL'S LOC "X" IN SE								
	BOX:	NI NI		WELL	'S STATIC	WA7	ATER LEVEL 33 ft			
		T I		WELL WAS USED AS:						
	_ NX	1	IE —	Dor	Domestic					
	W Irrigation Oil Field Water Supply Domestic (Lawn & Garden) Injection Well Air Conditioning Other									
W										
	SW SE Was a chemical/bacteriological sample submitted to Department? Yes No 🗸									
5 7	TYPE OF BLANK CASING USED:									
	Steel RMP (SR) Wrought Fiberglass □ Other (Specify below)  ✓ PVC ABS Concrete Tile									
	Blank casing diameter 6 in. Was casing pulled? Yes No V If yes, how much Casing height above or below land surface 36 in.									
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other										
(	Grout Plug Intervals: From 40 ft. to 3 ft., From ft. to ft., From to ft.									
	What is the nearest source of possible contamination:									
ľ	What is the Septic		•	sie contamina Seepage pit		el St	orage		Other (specify below	)
L	Septic tank Sewer lines  Seepage pit Pit privy  Fuel Storage Fertilizer storage  Other (specify below) None									
-	Watertight sewer lines Lateral lines Sewage lagoon Lateral lines Feedyard Insecticide storage Abandoned water well Direction from well?									
-	Cess p			ivestock pen			l/Gas well	wen Di Ho	ow many feet?	
r.			n aba			· · ·				
-	FROM 40	3 TO		GGING MAT	ERIALS		FROM	ТО	PLUGGING	MATERIALS
-	3	0	Cement Top soil	gayeri, a sala ya wali a sala sala sala sala sala sala sala						
	<u>,                                     </u>	<u> </u>	TOP SOII	***************************************	,					
	All photos and a second a second and a second a second and a second an			<del></del>	· · · · · · · · · · · · · · · · · · ·					
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			R LANDO $(r)$ 5-13-13							my jurisdiction and wand belief. Kansas Wate
		r's License					ecord was o	completed	on (mo/day/year) 6-	18-13 under th
business name of Rosencrantz- Bemis 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										
Jack	son St., Ste	e. 420, Tope	ka, Kansas 6	66612-1367.	Telephone:	785/2				and retain one for your
recoi	rus. Visit l	-	vww.kaneks	.gov/waterwe	ll/index.html	•				e e e e e e e e e e e e e e e e e e e
Check one: White Copy Blue Copy Pink Copy										