			WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID	NO00088772				
1	LOCATION OF WATER	WELL:	Fraction	Section Number	Township Number	Range Number				
County: Pawnee			NE14 SE 14 SE 14	32	21	16 E (₩)				
	ance and direction from nea	arest town or o	ity street address of well if loc	ated within city?						
2	WATER WELL OWNER	: Pawnee Co	unty Coop							
RR #, St. Address, Box #: 103 E. 3rd City, State, ZIP Code : Larned, KS			Street Board of Agriculture, Division of Water Resources 67550 Application Number:							
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:			24.2 ft.						
W			WELL'S STATIC WATER LEVEL							
							3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well			n Well
							**			4 Industrial
				SW SE X		Was a chemical / bacteriological sample submitted to Department? Yes				
5	TYPE OF BLANK CASING USED:									
	1 Steel 3 RMP (S	,	•	, , ,						
	● PVC 4 ABS		pestos-Cement 8 Concre							
	Blank casing diameter . Casing height above or	2 in. below land su	Was casing pulled?		If yes, how n	nuch				
6	6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout									
	Grout Plug Intervals:	From	.0 ft. to3 ft.	, From3ft. to	24.2 ft., From	to ft.				
	What is the nearest soul	rce of possible	contamination:							
 Septic tank Sewer lines Watertight sewer lines 			6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storage	• • • • • • • • • • • • • • • • • • • •	pecify below)				
			8 Sewage lagoon 13 Insecticide storage							
4 Lateral lines 5 Cess pool			9 Feedyard 10 Livestock pens	14 Abandoned water well 15 Oil well/Gas well						
	Direction from well?		•	/ feet?						
FROM TO P			UGGING MATERIALS							
0 3 Native soil		ative soil		Casing removed to 3' bgs						
3 24.2 Bentonite (2")		entonite (2")								
				MW5						
				KDHE #U1 07	3 00061 / GeoCore #12	78				
7	CONTRACTOR'S OF	LANDOWNE	R'S CERTIFICATION: This	s water well was plugged	under my jurisdiction	and was completed on				
	Water Well Contractor's L	icense No	3/20/2007 527	This Wa	ter Well Record was con	npleted on (mo/day/year)				
	4/5/2007	under the	g business name of ເຕີຍນວດເ	e.inc	••••••					
	by (signature)		<u> </u>							
INS	STRUCTIONS: Use type	writer or ball	point pen. Please press fir	mly and print clearly. Plea	se fill in blanks, under	ine or circle the correct				

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 and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.