

plugging MW-2

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Pawnee</u>	<u>NW¹ NW⁴ NE¹</u>	<u>5</u>	<u>22 S</u>	<u>16 W</u>

Distance and direction from nearest town or city street address of well if located within city?

2	WATER WELL OWNER: <u>KDHE Time 3 Materials Site</u>
	RR #, St. Address, Box #: <u>U1-073-00211</u>
	City, State, ZIP Code: <u>The Beautiful You</u>
	Board of Agriculture, Division of Water Resources Application Number: _____

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>24</u> ft												
			WELL'S STATIC WATER LEVEL <u>17.98</u> ft.												
			WELL WAS USED AS:												
			<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other <u>MW-2</u></td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other <u>MW-2</u>
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			Was a chemical / bacteriological sample submitted to Department? Yes _____ No <u>✓</u>												
			If yes, mo/day/yr sample was submitted _____												
			Water Well Disinfected: Yes _____ No <u>✓</u>												

5	TYPE OF BLANK CASING USED:										
	<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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	Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>✓</u> No _____										
	Casing height above or below land surface _____ in. <u>overdrilled</u> If yes, how much <u>20'</u>										

6	GROUT PLUG MATERIAL:																				
	<table border="0"> <tr> <td>1 Neat cement</td> <td>2 Cement grout</td> <td>3 Bentonite</td> <td>4 Other _____</td> </tr> </table>	1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____																
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	Grout Plug Intervals: From <u>20</u> ft. to <u>3</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																				
	What is the nearest source of possible contamination:																				
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	Direction from well? _____ How many feet? _____																				

FROM	TO	PLUGGING MATERIALS
<u>24</u>	<u>20</u>	<u>Chlorinated sand</u>
<u>20</u>	<u>3</u>	<u>Bentonite</u>
<u>3</u>	<u>0</u>	<u>original soil/dirt</u>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>3-20-01</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>585</u> This Water Well Record was completed on (mo/day/year) <u>3/20/01</u> under the business name of <u>AEI</u>
	by (signature) <u>Anne G. Dunn Duncan</u>

INSTRUCTIONS: Use typewriter or ball point 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.