W	ATER WELL PLUGGING I	RECORD	Form WV	VC-5P	KSA 82	2a-1212	ID NO.	
1	LOCATION OF WATER WELL: County: Ren D	Fraction 5E 1/4 SE	15W14	Section 74	Number	Townshi	p Number	Range Number
	Street/Rural Address of Well Location; direction from nearest town or intersect check here	if unknown, di	stance & cr's address,	Latitude:	38. 14 = -97. □ wg	Systems (0 2 1 0 1 1 5 7 4 5	PS) inform	ation:(in decimal degrees)(in decimal degrees)NAD27
2	WATER WELL OWNER: Gath Strand, RR#, St. Address, Box #: 8901 E. 4310   GPS unit (Make/Model:							
3	MARK WELL'S LOCATION	4 DEPTI	H OF WELL	250	) ft.			
WITH AN "X" IN SECTION WELL'S STATIC WATER LEVEL W/A ft								
	N	i	WAS USED A					
w	NW NE E	Irrig Feed Indu	nestic ation llot strial	Oil Fiel Domest Air Con	Water Supp d Water Sujic (Lawn & ditioning	pply Garden)		oring on Well Greaturned
	L X	Was a cl	hemical/bacteri	ological san	nple submit	tted to Depa	artment? Ye	es   No lab
5	5 TYPE OF BLANK CASING USED:							
	Steel Wrought Fiberglass Concrete Tile Other (Specify below)							
Blank casing diameter in. Was casing pulled? Yes No 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 ft. to ft., From ft. to ft., From ft.								
What is the nearest source of possible contamination:  Septic tank Seepage pit Fuel Storage Sewer lines Pit privy Fertilizer storage Watertight source lines Fuel Storage For Company of the Company of t								
	Watertight sewer lines Lateral lines Cess pool Livestock pens Sewage lagoon Abandoned water well Oil well/Gas well Direction from well? No							
		GING MATE	RIALS	FROM	ТО	PL	UGGING N	MATERIALS
	50 100 Grays	sand s clay						
	50 100 yellou							
	230 250 Ked S							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/17/1/D and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 5 7 Inis Water Well Record was completed on mo/day/year) 40/10 under the business name of Environmental Coop Struice, Inc. 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.								
1	rilled 302			Check on	e: X	White Cop	y Blue	Copy Pink Copy

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