	250	7961		W	ATER WELL	PLUGGING RECO	ORD Form	ı WWC-5P K	SA82a-	1212	ID NO			
П	LOCAT	ION OF WAT	ER WELL:	Fraction			Section Number			Township Number			Range	Number
Cou		Rer				C 1/4 SW 1/4		8	Т	22		S R	9	E W
1						ddress of well if lo		in city?						
				and	d 3 3/4 mil	es south of St	erling							
2	WATER WELL OWNER:  RR#, St. Address, Box # 26905 West 82nd Ave. City, State, ZIP Code Sterling, KS 67579  Board of Agriculture, Division of Water Resources Application Number: 39,476													
3		WELL'S LOCA	ATION WITH BOX:		4 DEPT	TH OF WELL	89	ft						
	N N				WELL	'S STATIC WATE	R LEVEL	23 ft.						
					WELL	WAS USED AS:								
	NW				1 Domestic 2 Irrigation		<ul><li>5 Public Water Supply</li><li>6 Oil Field Water Supply</li></ul>				9 Dewatering 10 Monitoring Well			
w				Ε	3 Fee	dlot	7 Domestic (Lawn & Garde			n)	11 Inject	tion We	ll	
				-	4 Indi	ustrial	8 Air	Conditioning			12 Othe	er 		
	s	øv <u> </u>	— S E ——		Was a chemical / bacteriological sample submitted to Department?Yes								No	<b></b>
					If yes, mo/day/yr sample was submitted									
'	S Water Well Disinfected: Yes V No													
5	5 TYPE OF BLANK CASING USED:													
$\vdash$	1 Steel 3 RMP (SI				5 Wro	ught	7 Fiberglass			9 Other (Specify below)				
	$\bigcirc$ 2	PVC	4 ABS	6 Asbestos-Cement				8 Concrete Tile						
		_	eter 16		in. Was	s casing pulled?	? Yes No 🗸 48 in.			If yes, how much				
6		PLUG MAT				2 Cement g		3 Bentonite		4 Other	Bento	nite H	oleplug	
Ш	Grout F	Plug Interval				to ft								
			st source of p											
1	1 Se	ptic tank		6	6 Seepage pit		11 Fuel storage			16 Other (specify below)				
	2 Sewer lines				Pit privy		12 Fertilizer storage							
	3 Wa	tertight sewe	er lines	8	Sewage lago	oon	13 Insecticide storage			None known				
					Feedyard		14 Abandoned water well							
		ss Pool ion from we		10 I	10 Livestock pens 15 How many fe			Gas well						
				PLU	GGING MAT		Teet?							
	89	24	Chlorinat	ed :	Sand									
	24	4	Bentonite	Ho	oleplug	A 50000								
	4	0	Compact	Compacted Soil										
					,a 00ii									
			1	-										
_														
-1			0.001											-1-4
$\square$		TRACTOR': o/day/year)		)WI	NER'S CER 9-2 <b>-</b> 05	RTIFICATION: 1		well was plug ord is true to						
İ			ractor's Licer	nse				This Water		-	_			

by (signature)

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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.

Clarke Well & Equipment, Inc.

9-8-05

under the business name of