W	ATER WELL PLUGGING RE	ECORD Form WW	C-5P KSA 82:	a-1212 ID NO.		
1					Range Number	
1 LOCATION OF WATER WELL: County: Fraction KENO Section Number SL) 1/4 SE 1/4 SE 1/4 Section Number 1/6 Township Number 23 Range Number SE Distance and direction from nearest town or city street address of well if located within city? I city / imits 2700 E. 44 St. 4 1/6 23 Section Number 1/N City / imits 2700 E. 44 St. 4 St. 44 St. 4 Hutch ws ow Ks 2 WATER WELL OWNER: Imit St. 40 St. 4 Global Positioning Systems (decimal degrees, min. of 4 digits 2 WATER WELL OWNER: Marchauster Global Positioning Systems (decimal degrees, min. of 4 digits						
2						
	RR#, St. Address, Box #: 2700 E. 4th StREET		Latitude: 38.05754 Longitude: 97.58121 Elevation: 1522 Datum: NAD 83			
	City, State ZIP Code: Hutchins	Datum: Data Collection Me	Data Collection Method:			
3	MARK WELL'S LOCATION4DEPTH OF WELLft.WITH AN "X" IN SECTIONWELL'S STATIC WATER LEVELft.					
	N		WELL WAS USED AS:			
	NW NE 1 Domestic 5 Public Water Supply Q Dewatering					
W	E	2 Irrigation 3 Feedlot	6 Oil Field Water		nitoring	
	SW SE	4 Industrial	8 Air Conditionin		er	
	Was a chemical/bacteriological sample submitted to Department? YesNo					
5	5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
	Blank casing diameter <u>16</u> in. Was casing pulled? Yes <u>No 4</u> If yes, how much <u>Casing height above or below land surface <u>72</u> in.</u>					
6						
	Grout Plug Intervals: From ft. to ft., From ft. to ft., From to ft.					
	What is the nearest source of possible contamination:1222344454546677127121212121212121212121213141515161718191010101112121212131414151516161718191910101010101112121212121314141515161617181818191910101010101010101010101010101010101010					
	3 Watertight sewer lines8 Sewag4 Lateral lines9 Feedy	sewer lines 8 Sewage lagoon 13 Insecticide storage				
		GING MATERIALS	FROM TO	PLUGGING M	ATERIALS	
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1						
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) $\frac{18}{13}$ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No38 This Water Well Record was completed on (mo/day/year) $\frac{1-23}{13}$ under the business name of $\mathcal{P}_{4}+\mathcal{E}_{15}$ or \mathcal{I}_{6} \mathcal{I}_{6} \mathcal{I}_{6} 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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/geo/waterwells.						