0W3ZZ		VELL PLUGGING RECORD	Form WWC-5P	KSA 82a-1212	
	ON OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	heno	NW 1/45W 1/4NE 1/4	26	238	6W
50	DO W. D Str	erest town or city street est, South Hu d Industries 2007-2005 Dood 141	<del>Uchinson</del> , K	located within city? ansas	
RR#, St.	Address, Box #: P.O. L ce, ZIP Code : Kans	30x 7305, Dept. 141 as City, mo 641	10 Apperoacion in	culture, Division of umber:	Water Resources
	ELL'S LOCATION WITH IN SECTION BOX: N	1	7.7. ER LEVEL	ft.	
W	W N E	WELL WAS USED AS:  1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	7 Lawn and Garden 8 Air Conditioning	Supply 10 Monitorin Only 11 Injection (2) Other 1.10	g Well Well 20me-ter
s	WS E	Was a chemical/bact If yes, mo/day/yr s Water Well Disinfec	ampte was submitted.	ubmitted to Departmen	t? YesNo.X
5 TYPE O	S BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)  2 PV6 4 ABS 6 Asbestos-Cement 8 Concrete Tile  Blank casing diameter. 2in. Was casing pulled? Yes. X. No If yes, how much. 2.2  Casing height above or below land surface. 3 feet. 3  GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 8 Bentonite 4 Other.  Grout Plug Intervals: From ft. to 2.7 ft., From ft. to ft., From to ft.					
1 Se 2 Se 3 Wa 4 La 5 Ce	otic tank wer lines tertight sewer lines teral lines ss Pool	of possible contamination 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	11 Fuel storage	age well l	ecify below) FILVOJOT
FROM		lugging materials Honite			
7 CONTRA	CTOR'S OR LANDOWNER'S	CERTIFICATION: This wate B		at af my knaviladea an	d baliaf Kancas
INSTRUCTI underline Bureau of	DNS: Use typewriter or circle the correc	or ball point pen. <u>Plea</u> t answers. Send top thr s 66620-0001. Telephon	se press firmly and ee copies to Kansas	<u>print</u> clearly. Pleas Department of Health	e fill in blanks, and Environment,