				WATER W	ELL PLUGGING R	ECORD Form WW	C-5P KSA 8	2a-1212 ID N	0		
1	LOCAT	ION OF WAT	TER WELL:	Fraction NC-F	EAST SIDE	Section Number	er Townsh	nip Number	Range	Number	
Cou	nty: H	ARVEY		1/4	14 SE 14	30	24	SOUTH	1	XXW	
				•	dress of well if loca	•					
FR	OM SE	DGWICK	, KS: 1.	25 MILE	S NORTH &	2 MILES WES	ST				
2						M. KURR RE	VOCABLE	TRUST			
		. Address, Bote, ZIP Code	ox #: 9025 : SEDGW			Application Nu	umber: 125	of Water Resource	es		
3		WELL'S LOC	CATION WITH I BOX:		4 DEPTH OF WELL						
_ ا	Ņ			MET.	WELLS STATIC WATER LEVEL						
	NW NE			WEL	WELL WAS USED AS:						
					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						
w		E									
	sw seX				Was a chemical / bacteriological sample submitted to Department? Yes						
					If yes, mo/day/yr sample was submitted						
		S									
5	TYPE OF BLANK CASING USED:										
	1 Stee 2 PVC			rought sbestos-Cem	7 Fibergla	ass 9 Other (Spe	•				
	Blank o	casing diame	ter16 in. e or <u>below</u> land s	Wa surface	s casing pulled?		NoX	If yes, how mu	ch		
6		Γ PLUG MAT		Neat cement	2 Cement grou						
\Box		lug Intervals		ft.	to ft.,	Fromft	t. to	ft., From	to	ft.	
			source of possib			44 = 1 - 1 - 1 - 1 - 1 - 1		40. 04 (-16 - 1 1 \		
Septic tank Sewer lines				7 Pit p	page pit rivy	11 Fuel storage12 Fertilizer stora	age		6 Other (specify below)		
Watertight sewer lines Lateral lines			8 Sewa	age lagoon		13 Insecticide storage 14 Abandoned water well					
		ess pool			stock pens	15 Oil well/Gas v	well				
	Direction	on from well?	NORTHWE	ST	How many	feet? APPROX 1	800				
F	FROM TO PL			LUGGING M	ATERIALS						
155 21 COA		COARSE	ARSE SAND			NOTE: GROUT PORTION OF PLUGGING					
21		3	CEMENT	GROUT			WITNESSED BY TIM BOESE, EQUUS BEDS GMD2.				
3		0	TOPSOIL								
								RECEI	/ED		
								DEC 0 3	2004		
		.,					E	BUREAU OF	WATER		
7	CONTF (mo/da Water W	RACTOR'S y/year)10 Vell Contracto	OF LANDOWN -20-2004 or's License No	er's cert NA	IFICATION: This	water well was plug and this record Thi	gged under m is true to the be is Water Well R	ly jurisdiction a lest of my knowle Record was comp	nd was com dge and beli leted on (mo	ipleted on ef. Kansas o/day/year)	

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.

under the business name of NA.

(is by (signature) William Manual Manual