			WATER WELL PLUGGING R	ECORD Form WWC-	5P KSA 82a-1 212	ID NO
1 LOCA	ATION OF WATER	WELL:	Fraction	Section Number	Township Num	nber Range Number
County: Reno			NW 1/4 NW 1/4 NW 1/4	22	24	10
Distance and direction from nearest town or city street address of well if located within city?						
34000 Long	gview Rd and 85	00 Sylvia Ro	d			
2 WATE	ER WELL OWNER:	Emma Geist	1		•	
RR #, St. Address, Box #-Rt 2  City, State, ZIP Code Sylvia, KS 67581  Board of Agriculture, Division of Water Resources Application Number:						esources
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL 20 ft.						
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 0 ft.						
人	N I		   WELL WAS USED AS:			
	!		1 Domestic	5 Public Water Sup	nlu O.Day	
N	W	NE	2 Irrigation	6 Oil Field Water S	upply (10 to	watering nitoring Well
w		E	3 Feedlot 4 Industrial	7 Domestic (Lawn & 8 Air Conditioning		ection Well ner
s	SW SE Was a chemical / bacteriological sample submitted to Department? Yes No X if yes, mo/day/yr sample was submitted					
	Water Well Disinfected: Yes No X					
	S vvater vveil disinfected: Yes No.:					
TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)						
VC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank Casir	c casing diameter and height above or	oelow nd sur	face 2 Was casing pulled?	Yes X N in.	o If yes, ho	w much All
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 sentonite 4 Other						
Grout Plug Intervals: From 20 ft. to 3 ft., From ft. to ft., From to ft.						
What is the nearest source of possible contamination:						
1 Septic tank 2 Sewer lines			6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storag	e CB ST	r (specify below)
3 Watertight sewer lines			8 Sewage lagoon 9 Feedyard	13 Insecticide stora 14 Abandoned wat	age	
4 Lateral lines 5 Cess pool			1 0 Livestock pens	15 Oil well/Gas well		
Direction from well? Northeast How many feet? 125						
FROM TO PL			JGGING MATERIALS			
20	3 3/8	Bentonite c	hips			
3 O Topsoil						
			AV-			
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-10-06 and this record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's License No. 665  Water Well Contractor's License No. 665  This Water Well Record was completed on (mo/day/year)  10-20-06  This Water Well Record was completed on (mo/day/year)						
	gnature)	Just	busines name of Pratt	ell Environmental		
ļ		writer or hall r	point nen Please press firm	aly and print clearly. Di	ease fill in blanks upo	derline or circle the correct
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly and 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, 1 000 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.						