	144	6444		W	ATER WELL PLUGGING RECO	ORD Form	WWC-5P KSA	.82a-1212	ID NO.			
I	LOCAT	ION OF WAT	ER WELL:		Fraction	Section	Number	Township	Number	Range	Number	
Cour	nty:	Edwa	ards		NE 1/4 NE 1/4 NE 1/4		14	Т	24 S	R 16	E (w	
Dista	nce and	direction fro	m nearest tow	n or	city street address of well if lo	cated within	n city?					
Ap	proxim	ately 3 mil	es east and	1 n	nile north of Belpre							
WATER WELL OWNER: Frank L. Hart, Inc. c/o David J. Youtsey, Sr. RR#, St. Address, Box # 1402 Austin Circle Board of Agriculture, Division of Water Resources City, State, ZIP Code Salina, KS 67401 Board of Agriculture, Division of Water Resources Application Number:												
3			ATION WITH		4 DEPTH OF WELL	65	ft					
		W SECTION	N E		WELL'S STATIC WATER WELL WAS USED AS: 1 Domestic 2 Irrigation	5 Publ	15 ft. ic Water Supply ield Water Supply		9 Dewate	_		
					3 Feedlot		estic (Lawn & Ga	•	11 injection	•		
				E	4 Industrial		Conditioning	,	12 Other			
	S	ws	— S E ——		Was a chemical / bacteri If yes, mo/day/yr sampl Water Well Disinfected:	e was sub	mitted	d to Depart	ment?Yes	No	-	
5	TYPE (OF BLANK CA	ASING USED:									
H	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)									below)		
	2	2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile										
	Blank o	asing diame	eter 2		in. Was casing pulled?	Yes		\checkmark	If yes, how mu	ıch Cu	t off	
					land surface 72		in.	·				
Ш	GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other Bentonite Holeplus Grout Plug Intervals: From ft. to ft. From 65 ft. to											
ŧ	What is	s the neares	t source of po	ssib	ole contamination:	, From	π. to	·	t. From (05 tt. to	b fi	
		ptic tank			Seepage pit 1	,	='		16 Other (sp	ecify below)		
		ver lines tertight sewe			lit privy 1. Sewage lagoon 1	2 Feruilzer: 3 Insecticid	•	N	None known			
		eral lines				e storage ed water well						
	5 Ces	s Pool			•	5 Oil well/Ga	ıs well					
ļ		ion from we	1		How many	feet?						
FR	ОМ	то	Р	LUC	GGING MATERIALS							
	65	65 6 Bentonite Holeplug 6 0 Dirt										
	6											
71												
\square	on (m	FRACTOR'S o/day/year)	OR LANDO	WN 2	ER'S CERTIFICATION: TI 2-13-03 an		ell was plugged rd is true to the					

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)

2-13-03

Water Well Contractor's License No. 185

This Water Well Record was completed on (mo/day/year)

2-21-03

License No. 185

Clarke Well & Equipment, Inc.

by (signature)

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