WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: HARVEY	NC-NS ~~1/4~~ NE 1/4 NE 1/4	21	24	3W

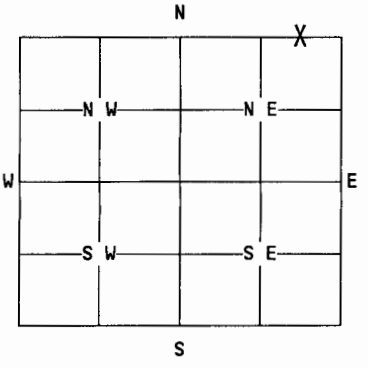
Distance and direction from nearest town or city street address of well if located within city?
APPROXIMATELY 5250 FT. NORTH AND 662 FT. WEST OF THE SOUTHEAST SECTION CORNER.

2 WATER WELL OWNER: JOHN A. YOUNG

RR#, St. Address, Box #: RR #2
City, State, ZIP Code : BURRTON, KS 67020

Board of Agriculture, Division of Water Resources
Application Number: 26294

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 61 ft.

WELL'S STATIC WATER LEVEL 10.5 ft.

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 Lawn and Garden Only	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other.....

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

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 16 in. Was casing pulled? Yes..... No. X If yes, how much.....
Casing height ~~above~~ or below land surface 36 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....

Grout Plug Intervals: From 12 ft. to 3 ft., From.....ft. to .....ft., From..... to.....ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
~~2 Sewer lines~~	7 Pit privy	12 Fertilizer storage	.....
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess Pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? NORTHEAST How many feet? APPROXIMATELY 1000

FROM	TO	PLUGGING MATERIALS
61	12	SAND AND GRAVEL
12	3	CEMENT GROUT
3	0	TOPSOIL

PLUGGING OF INTERVAL FROM 61 FEET TO 3 FEET WITNESSED BY EQUUS BEDS GMD2 PERSONNEL, 12/07/93.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) X 12/7/93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A This Water Well Record was completed on (mo/day/year) X ..... under the business name of N/A
by (signature) X .....

INSTRUCTIONS: Use typewriter or ball point 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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.