			WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID I	NO. 00316965
1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number
County: Finney			SW14 SW 14 SW 14	16	24	32 E/W
			ity street address of well if loca	ated within city?		
		Drive, Garden Ci				
2 WATER WELL OWNER: COUNTRY CORNER						
RR #, St. Address, Box #: HIGHWAY 50 & CAMPUS DRIVE City, State, ZIP Code : GARDEN CITY, KS 67846 Board of Agriculture, Division of Water Resources Application Number:						
3 MARK WELL'S LOCATION WITH			4 DEPTH OF WELL 39.65 ft.			
AN'	AN "X" IN SECTION BOX:		WELL'S STATIC WATER LEVELDIY ft.			
			WELL WAS USED AS:  1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other			
<del>                                   </del>	NW	- NE				
W		E				
	SW SE Was a chemical / bacteriological sample submitted to Department? Yes					No
X			Water Well Disinfected: Yes No			
	S					
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)  ● PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blan	nk casing diamet	ter2 in.	Was casing pulled?	Yes No	If yes, how m	uch40'.*
<del></del>			eat cement 2 Cement gro		Other Concrete	
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout  Bentonite Other Concrete for the Grout Plug Intervals: From						
What is the nearest source of possible contamination:						
1 Septic tank 2 Sewer lines			<ul><li>6 Seepage pit</li><li>7 Pit privy</li></ul>	11 Fuel storage 12 Fertilizer storage	16 Other (sp	ecify below)
Watertight sewer lines     Lateral lines			8 Sewage lagoon 9 Feedyard	13 Insecticide storage 14 Abandoned water v	veil	
	Cess pool		10 Livestock pens	15 Oil well/Gas well		
Direction from well? How many feet?						
FROM TO PL		JGGING MATERIALS				
0	0 1 Concrete			*Drilled out to 2	20'	
1	20	Bentonite (8")		100/40		
20	40	Bentonite (2")		MW12		
				KDHE #U1 028	8 00581 / GeoCore #943	3
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
Water Well Contractor's License No						
by (	signature)	urider the	business name or SHUW.	v		
INSTRUC	CTIONS: Use ty	ypewriter or ball	point pen. Please press fire	mly and print clearly. Plea	se fill in blanks, underli	ne or circle the correct
answers.			as Department of Health a			ion, 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.