		WATER WELL PLUGGING RE	CORID Form WWC-SP	KSA 828-1212 ID N	o. MW-12
1	LOCATION OF WATER WELL:	Fraction	Section Number	Tawnship Number	Range Number
Co	Inty: Finney	SE14 SE14 SE14	, <b>7</b>	24	32W <sub>EW</sub>
Die	Itanice and direction from nearest fown or	city street address of well if locate	ed within city?		<u> </u>
_	407 East Kansas, Garden C				
2	WATER WELL OWNER: Rupp's				
	HE & ST ANNIACA HAY S.	ansas Ave City, KS 67846	Board of Agriculture, Application Number:	Division of Water Resource	289
3		4 DEPTH OF WELL 45			
ت ا	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	WELL'S STATIC WATER			
	N 1				
		WELL WAS USED AS:			
	NWNE	1 Domestic 2 krigation	5 Public Water Supply 6 Oil Field Water Supply	9 Dewaterii y 10 Monitorin	
w	E	3 Feedlot	7 Domestic (Lawn & Ga	rden) 11 Injection	Well
		- WIGHOUSE	8 Air Conditioning		***************************************
Was a chemical / bacteriological sample submitted to Department? Yes					
5					
5 TYPE OF BLANK GASING USEO:					
1 Steel 3 RMP (SR) 5 Wrough1 7 Fiberglass 9 Other (Specify below)					
	2 PVC 4 ABS 6 As Blank casing diameter	Was casing pulled? urface 6" below in.	Yes No X	if yes, how muc	
GROUT PLUG MATERIAL: 1 Nest cement 2 Cement grout Spentonite 4 Other					
	•		Fromti. 10	ft., From	to II.
What is the nearest source of possible contamination:  1 Septic tank 6 Sespage pit 11 Bust storage 16 Other (specify below)					
	2 Sewer lines	7 Pit privy	12 Fertilizer storage		лу векж)
	9 Waterlight sewer lines 4 Lateral lines	8 Sewage legoon 9 Feedyard			
	5 Cess pool Southwes	10 Livestock pens	15 Oil well/Gas well		
	Direction from well?	How many te	et?150	*******	
1	FROM TO PL	UGGING MATERIALS			
0	3 Clay				
3	45 Hydrated be	entonite chips			
			_		
<u>, T</u>					
7	CONTRACTOR'S OF LANDOWNE (mo/day/year)4/10/15	ER'S CERTIFICATION: This w	ater well was plugged u and this record a true t	inder my jurisdiction and to the best of my knowled	d was completed on
	(mo/day/year) 4/10/15 Water Well Confractor's License No. 4/24/15	Children came of S	CS Aquaterra	r Well Record was compl	eled on (mo/day/year)
	by (signature)		**************************************		

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> clearly. Please till 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 68612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.