**7	TED WELL DI LICCING	DECORD Form WAY	C SD VOLO	2 1010 ID NO	
$\frac{\mathbf{W}_{A}}{1}$	ATER WELL PLUGGING LOCATION OF WATER WELL:	Frantion	Section Number	Za-1212 ID NO.  Township Number	Range Number
	County: Ford	1/4 1/4 1/4 SE	4 32	26 T 26 S	□E 🛛 W
	Street/Rural Address of Well Location direction from nearest town or intersect check here		Latitude: Longitude: Elevation: Datum: WC	Systems (GPS) inform	(in decimal degrees)(in decimal degrees)
2	WATER WELL OWNER: Crule D Farms LL  RR#, St. Address, Box #: PO Box MS  City, State ZIP Code: Comerron, K: 67835  Collection Method:  Digital Map/Photo,				
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF WELL 125 ft. WELL'S STATIC WATER LEVEL 1/7 ft				
	WELL WAS USED AS:				
W	NW NE Domestic Public Water Supply Dewatering Monitoring				
	TYPE OF BLANK CASING USED:				
5	Steel RMP (SR) Wrought Fiberglass Other (Specify below)  PVC ABS in. Was casing pulled? Yes No If yes, how much  Casing height above or below land surface 66 in.				
6	GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Outer See  Grout Plug Intervals: From 1/7 ft. to 1/6 ft., From 9 ft. to 5 ft., From to ft.				
	What is the nearest source of possible contamination:  Septic tank Sewer lines Watertight sewer lines Lateral lines Cess pool  Seepage pit Pit privy Sewage lagoon Feedyard Livestock pens  Fuel Storage Fertilizer storage Insecticide storage Abandoned water well Oil well/Gas well  Direction from well?  Note (specify below) Fertilizer storage Insecticide storage Abandoned water well Oil well/Gas well  Note (specify below)				
	•		on/Gas wen		700
	FROM TO PLU	JGGING MATERIALS	FROM TO		MATERIALS
			125 117	(rrave)	1/0
			116 9	Sand &	Clay
			9 8	Renton,	10
		V	8 41/	Quitre	te
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3 -/5 -/3 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.  This Water Well Record was completed on (mo/day/year) 3 -/5 -/3 under the business name of Dires Faims by (signature)					
INSTRUCTIONS: Use typewriter or ballpoint 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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html.					
Check one: White Copy Blue Copy Pink Copy					