est.					7294					
WATER WELL PLUGGING RECORD FORM WC-31 RSA 523-1212 ID NO.										
1	LOCATION OF WATER WELL: County:	Fraction 1/4 NW 1/4 NE 1/4 NW	Section Number	Township Number T & S	Range Number					
	Street/Rural Address of Well Location direction from nearest town or intersect check here 23/4 mi we	; if unknown, distance & tion: If at owner's address, est of Plyme 11 Ks	Collection Method:		□ NAD27					
2	WATER WELL OWNER: SGCLand LLC RR#, St. Address, Box #: 1955 W Plymett Rd City, State ZIP Code: Garden City, Ks 67846 Est. Accuracy: GPS unit (Make/Model: Digital Map/Photo, Topographic Map, Land Survey Est. Accuracy: C3 m, D3-5 m, D5-15 m, D>15 m									
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF WELL 320 ft. WELL'S STATIC WATER LEVEL 237 ft									
	N N	WELL WAS USED A	AS:							
W	NW NE Domestic Public Water Supply Dewatering Monitoring									
5	S TYPE OF BLANK CASING US:	ED.		A STATE OF THE STA						
J	Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC ABS Asbestos-Cement Concrete Tile Blank casing diameter 16 in. Was casing pulled? Yes No If yes, how much 60" Casing height above or below land surface 8elow 60" in.									
6	GROUT PLUG MATERIAL: Grout Plug Intervals: From	Neat cement Cem								
	Grout Plug Intervals: From \(\) ft. to \(\) ft., From \(\) ft., From \(\) ft. to \(\) ft., From \(\) ft., From \(\) to \(\) ft., From \(\) ft. to \(\) ft., From \(\) ft. to \(\) ft., From \(\) ft., From \(\) ft. to \(\) ft., From \(\) ft., From \(\) ft. to \(
	FROM TO PLU	GGING MATERIALS	FROM TO	PLUGGING	MATERIALS					
	320' 230 Chlori	nated Sand	230 18	Sandy loc						
·	10, 2, 3000	PSI Concrète	S' O'	Cut off casi	ng & back filled					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3 - 1 - 1 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 - 1 3 under the business name of by (signature) by (signature) by (signature) 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										

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