				WATER WELL PLUGGING R	ECORD F	Form WWC-5P	KSA 82a-1212 ID I	NO
1	LOCATION OF WATER WELL:			Fraction	Section	Number	Township Number	Range Number
Со	unty:	Kearny		14 N2 14 NW14	2		26S	35W E/W
Dis	tance and			city street address of well if loc				
ξ	Sublett	e, KS:	N on 83 to	1 N of Plymell Sci	nool, 13	9/10 W a	and S into	
2	I TOUR MESOURCES, TITC.							
		t. Address, Bo te, ZIP Code	x#: 3817 : Okla	NW Expressway, Ste. 500 Board of Agriculture, Division of Water Resources homa City, OK 73112-1484 plication Number: 20100/38				
3	MARK	WELL'S LOC	ATION WITH	4 DEPTH OF WELL320 ft.				
	AN "X" IN SECTION BOX:			WELL'S STATIC WATER LEVEL ft.				
W		N		WELL WAS USED AS:				
	NW			1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well				
		sw	<i>!</i>	— SE ——	Was a chemical / bacteriological sample submitted to Department? Yes			
				Water Well Disinfected: YesX No				
	S vvater veri bisinected. Tesx.s No							
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 o Casing	casing diamet height above	er6 in. e or below land si	Was casing pulled?	Yes	No .	X If yes, how mu	uch
6	GROUT PLUG MATERIAL: 1 Neat cement (2 Cement grout 3 Bentonite 4 Other							
	Grout Plug Intervals: From4 ft. to							
	What is	the nearest s	source of possible	e contamination:				
1 Septic tank 2 Sewer lines				6 Seepage pit 7 Pit privy		l storage tilizer storage	16 Other (spe	* '
3 Watertight sewer lines			er lines	8 Sewage lagoon	13 Inse	ecticide storage	Э	
4 Lateral lines 5 Cess pool				9 Feedyard 10 Livestock pens	14 Aba 15 Oil v	14. Abandoned water well 15. Oil well/Gas well		
	Directi	on from well?	Northe	Ast. How many	feet?			
FROM		ТО	Pl	UGGING MATERIALS				
320		20	Chlorina	ted Gravel				
20		4	Cement G	rout				
4		Surface	Backfill	ackfill				
				The second secon				
				A CONTRACTOR OF THE CONTRACTOR	Filminates and company and com			
-								
-,		D. A. O. T.	A					
7	CONTI (mo/da	HACTOR'S (ıy/year)Q:	0+ LANDOWN 9-08-10	ER'S CERTIFICATION: This	water well and th	was plugged is record is tru	d under my jurisdiction a ue to the best of my knowl	and was completed on edge and belief. Kansas
	Water V	Vell Contractor	r's License No	KWWCL 430 up business name of How	ard Dril	This Wa	ater Well Record was com Box 806 Beaver	pleted on (mo/day/year)
	by (sig	ınature)						
-				The transfer of the				

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