$\mathbf{W}$	ATER WELL PLUGG	ING RECO	RD Form WW	/C-5P	KSA 82a-12	212 ID NO. 🗀		
1	County: Hamilton		Fraction SW1/4 SW1/4 SV	J 1/4	on Number	Township Number	Range Number E/W	
Distance and direction from nearest town or city street address of well if located within city?								
2	WATER WELL OWNER: DAVID SHORTER				Global Positioning Systems (decimal degrees, min. of 4 digits Latitude:			
	RR#, St. Address, Box #:		3 Box 42		Longitude:Elevation:			
	City, State ZIP Code:	KENDALL, KS 67857		Datum: Data Co	Data Collection Method:			
3 MARK WELL'S LOCATION 4 DEPTH OF WELL 400 ft. WITH AN "X" IN SECTION								
	BOX: WELL'S STATIC WATER LEVEL 230 ft							
	WELL WAS USED AS:							
W	N E 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other							
	Was a chemical/bacteriological sample submitted to Department? YesNo							
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 casing diameter 5 in. Was casing pulled? Yes No X If yes, how much Casing height above or below land surface in.								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  Grout Plug Intervals: From 3 ft. to 1 ft., From ft. to ft., From ft., From ft.								
	What is the nearest source of possible contamination:  1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below)  2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well?  5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet?							
	FROM TO		MATERIALS	FROM	TO	PLUGGING MA	TERIALS	
	9 3	Top So						
	6 230 C	Benton Iny Soi Llos: 210				· · · · · · · · · · · · · · · · · · ·		
	2,5 100 0							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water								
Well Contractor's License No into this record us due to the business name of by (signature) under the by (signature) by (signature) under the 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								

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