WA	TER WELL PLUGGING F	RECORD Form WW			
1	LOCATION OF WATER WELL! County:	Fraction 4NEWIVW45E	Section Number	Township Number	Range Number
	Street/Rural Address of Well Location; if unknown, distance & Global Positioning Systems (GPS) information:				
	direction from nearest town or intersect check here	ion: If at owner's address,	Latitude: Longitude:		(in decimal degrees)(in decimal degrees)
	U 2/J&	I surperey	Elevation: Horizontal Datum:	☐ WGS84, ☐	NAD83, ☐ NAD27
L		Seattive	Collection Method:	0.6.1.1	
2	WATER WELL OWNER: -m? Eggs GPS unit (Make/Model: Digital Map/Photo, Topographic Map, Land Survey City, State ZIP Code: Land Survey Est. Accuracy: <3 m, 3-5 m, 5-15 m, > 15 m				
3	MARK WELL'S LOCATION 4 DEPTH OF WELL 35 ft.				
	WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL A				
	WELL WAS USED AS:				
	NW NE Domestic Public Water Supply Dewatering				
	Irrigation Oil Field Water Supply Monitoring				
W	Feedlot Domestic (Lawn & Garden) Injection Well Sw SE Other				
	Was a chemical/bacteriological sample submitted to Department? Yes No X				
5	TYPE OF BLANK CASING USED:				
	Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC ABS Concrete Tile				
	PVC ABS Asbestos-Cement Concrete Tile				
	Blank casing diameter in. Was casing pulled? Yes No If yes, how much Z				
6	GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other				
	Grout Plug Intervals: From 35 ft. to ft., From ft. to ft., From ft. to ft.				
	What is the nearest source of possible contamination: Septic tank Seepage pit Fuel storage Other (specify below)				
	Sewer lines Pit privy Fertilizer storage				
	Watertight sewer lines Sewage lagoon Insecticide storage A handoned water well Direction from well?				
	Lateral lines Cess pool Ce				
	FROM TO PLUG	GGING MATERIALS	FROM TO	PLUGGING	MATERIALS
	35 34 Ben	tonite 11			
	34 0 Com	ent blood			
		ľ			
		Chimble Comments of the C	No. This restaurable	you plugged under -	ny jurisdiction and area
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7 1 4 6 and this record is true to the best of my knowledge and belief. Kansas Water					
Well Contractor's License No. 472 . This Water Well Record was completed on (mo/day/year) 474-16 under the					
business name of Describing fung of well by (signature) by (signature)					
Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS					
66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.					
Visit us at http://www.kdheks.gov/waterwell/index.html Telephone 785-296-5524.					
	KSA82a-1212 Revised 1/20/2015				