	WATER WELL PLUGGING HEC	ORD Form WWC-5P KS/	A 82a-1212 ID NO	•
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Num
County: PRATT	SW", SE "NW"	25	27	l II w
Distance and direction from nearest town	or city street address of well if I		<u> </u>	11 VV
2 m1 W, 2 m1 N, 1 n	MI W OF CLUNNING!	HAM KS		
2 WATER WELL OWNER: NORTHER	'N NATURAL GAS CO	•		
RR #, St. Address, Box #: P. O. BOX		Board of Agriculture,	Division of Water Resource	e e
ł .	HAM, KS 67035	Application Number:		-
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL	<i>Q</i> ft		
N	WELL'S STATIC WATER	LEVEL 6.5 H.		
	WELL WAS USED AS:			
NW NE	1 Domestic	5 Public Water Supply		
	2 Irrigation	6 Oil Field Water Supp	oly (10) Monitor	ering ring Well
V	3 Feedlot 4 Industrial	7 Domestic (Lawn & (8 Air Conditioning	Garden) 11 Injectio	n Well
SW	Was a chemical / bacterio	-		
3	If yes, mo/day/yr sample	was submitted		No 1 /
s	Water Well Disinfected: Y	es No		
TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wr 2PVC 4 ABS 6 Asi	ought 7 Fibergla: bestos-Cement 8 Concrete	T 11	•	
Blank casing diameter2in	Was rasing pulled?	Yes No	If yes how mus	h 10 '
Casing height above or below land s	urface in.			
	at cement 2 Cement grout	3 Bentonite 4 Othe	NATIVE CLAY	
Grout Plug Intervals: From	1.5ft. 10 6 ft.,	From ft. to	ft., From	to
What is the nearest source of possib 1 Septic tank	le contamination: 6 Seepage pit	11 Fuel storage	(3) 211	
2 Sewer lines 3 Watertight sewer lines	7 Pit privy	12 Fertilizer storage	(16) Other (speci	PHINE
4 Lateral lines	8 Sewage lagoon9 Feedyard	13 Insecticide storage14 Abandoned water w		
5 Cess Pool	10 Livestock pens	15 Oil weil/Gas well		
Direction from well?	How many fe	et?325.'		
OM TO PLUGG	SING MATERIALS	7		
0 1.5 NATIVE CLI	94 8"	PULLED CASING	, DRILLED OUT	8"
5 6 BENTONITÉ			6', PLUGGED BA	
INVIOLVIE		TO SURFACE.	o , renddel D	
		- 10 Supplies.		
		-		
		mw4		
				İ
CONTRACTOR'S OR LANDOWNER'S In (mo/day/year)	S CERTIFICATION: This wa	ater well was plugged un	der my jurisdiction and	d was completed
Vater Well Contractor's License No52	7	and this record is true to the	e best of my knowledge a Well Record was complete	and belief. Kansas d on (mo/dav/vear)
y (signature) under the but	siness name of	INC.		
RUCTIONS: Use typewriter or ball povers. Send top three copies to Kansahone: 785/296-3565. Send one to Water	as Deparment of Health ac	id Havilanment Rureau c	l in blanks, underline or	circle the correct
phone: 785/296-3565. Send one to Water	Well Owner and retain one for	your records.	n mater, Topeka, Kans	as 00020-0001.