			WATER WELL PLUGGING REC	ORD Form	n WWC-5P KS	A 82a-1212 ID NO		
1 L	OCATION OF	WATER WELL:	Fraction	Section	Number	Township Number		
	PRATT		SW4 SE 4 NW4	25		27	IAUM	
Distanc	e and directi	on from nearest lown o	r city street address of well if lo	ocated within	n city?	61	11 W	
20	n W, 2	MINIMI	W OF CLUNINGHA	m KS	, on, .			
2 WA	ATER WELL C	OWNER: NORTHERN	NATURAL GAS CO.					
BR -		s, Box #: P.O. BOX /		Воа Аррі	rd of Agriculture, lication Number:	Division of Water Resour	ces	
3 M	ARK WELL'S	LOCATION WITH	4 DEPTH OF WELL/Q					
		N	WELL'S STATIC WATER LEVEL					
			WELL WAS USED AS:  1 Domestic 5 Public Water Supply 9 Dewatering					
	– N W –	NE						
w	X		2 Irrigation 3 Feedlot	6 Oil F 7 Dom	ield Water Sup estic (Lawn &	ply 🛈 Monito	oring Well	
"		E	4 Industrial	8 Air C	onditioning		on Well	
	SW SE Was a chemical / bacteriological sample submitted to Department? Yes							
			Water Well Disinfected: Ye		No.	•••••••••••••••••••••••••••••••••••••••		
						<del></del> <u></u>		
L-J		CASING USED:						
1 SI (2)P1	teel 3 i	RMP (SR) 5 Wrot ABS 6 Ashe			ther (Specify b	elow)		
Blani	k casina dia	2	Man analas III II	Yes	No	If yes, how mu	ch 10′	
	JT PLUG MA			<u> </u>		1/4-1/5 0:01		
1	Plug Interv		cement 2 Cement grout	② Bento	nite 4)Othe	er <i>NATIVE CLO</i> Y.	••••••	
		est source of possible	Soutamination:	FromU.	ft. to <b>/</b> .	Dft., From	to 1	
1.5	Septic tank		contamination: 6 Seepage pit	11 Fuel		<b>6</b>		
2 S	Sewer lines Vatertight se		7 Pit privy	11 Fuel storage 12 Fertilizer storage 13 Insecticide storage				
4 L	ateral lines		8 Sewage lagoon 9 Feedyard					
	ess Pool		10 Livestock pens	14 Aban 15 Oil w	idoned water wi eil/Gas well	ell		
Direc	tion from w	ell? <b>N</b>	How many fee					
FROM	то	PLUGGIN	NG MATERIALS	7	•••••••••••••••••••••••••••••••	••••		
0	1.5			-	-	IA NOULTA	00	
				PULLED CASING, DRILLED OUT 8" BOREHOLE TO 6', PLUGGED BACK				
1.5	6	BENTONITE 8"						
					RFACE			
					$1 \text{ m} \omega 5$			
				11 (00 -	,			
CONTR	^CTOBIC C							
on (mo/	day/year)	OR LANDOWNER'S 6/27/03	CERTIFICATION: This was	ter well wa	s plugged und	der my jurisdiction an	d was completed	
Water We	ell Contractor	's License No527		ua mis ieco	ord is true to the	best of my knowledge Well Record was complete	and belief. Kansas	
الا	(V.)ture)	under the busin	CERTIFICATION: This was	INC	•••••		eu on (morozyryear)	
		COU 100		•••••••••••••••••••••••••••••••••••••••	•••••••••••••	•••••••••••••••		

INSTRUCTIONS: Use typewriter or ball point 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.