	WATER WELL PLUGGING RECO	ORD Form WWC-5P KSA	82a-1212 ID NO		
1 LOCATION OF WATER WELL:	· Fraction	Section Number	Township Number	Range Numb	
County: PRATT	NW 4 SE 4 NW 4	25	27	11 W	
Distance and direction from nearest tow		<u> </u>		77 W	
2 m1 W, 2 m1 N, 1 m	W OF CLINNINGHA	m, KS			
2 WATER WELLOWNER: NORTHE	RN NATURAL GAS CO.	•			
RR #, St. Address, Box #: P.O. BOX City, State, ZIP Code : CUNNIA	178 <u>1GHAM , KS 67035</u>	Board of Agriculture, Application Number:	Division of Water Resources		
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL				
N	WELL'S STATIC WATER	LEVEL ft.			
	WELL WAS USED AS:				
NW NE	1 Domestic	5 Public Water Supply			
	2 Irrigation 3 Feedlot	6 Oil Field Water Supply ① Monitoring Well 7 Domestic (Lawn & Garden) 11 Injection Well			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4 Industrial	8 Air Conditioning		•••••••••••••••••••••••••••••••••••••••	
SW	Sw SE Was a chemical / bacteriological sample submitted to Department?Yes				
s	Water Well Disinfected: Ye	95 No			
5 TYPE OF BLANK CASING USED:					
	Vrought 7 Fibergla:	on Other (Specifich	-l)		
	sbestos-Cement 8 Concrete			•••••	
Blank casing diameterin. Casing height above or below land	Was casing pulled? surface in.	Yes No	If yes, how much		
<u> </u>	eat cement 2 Cement grout	Bentonite 4)Othe	or NATIVE CLAY		
Grout Plug Intervals: From	1.5 st. 10 6 st.	From ft. to	1.5 It., From	to	
What is the nearest source of poss	ible contamination:		_		
1 Septic tank 2 Sewer lines	6 Seepage pit 7 Pit privy	11 Fuel storage12 Fertilizer storage	6 Other (specify		
3 Watertight sewer lines 4 Lateral lines	8 Sewage lagoon 9 Feedyard	13 Insecticide storage			
5 Cess Pool	10 Livestock pens	14 Abandoned water w15 Oil well/Gas well	ell		
Direction from well?	How many fe	e17 125 '			
FROM TO PLUG	GING MATERIALS			u.	
0 1.5 NATIVE C	.5 NATIVE CLAY 8"		PULLED CASING, DRILLED OUT B"		
1.5 6 BENTONITE B"		BOREHOLE TO 6', AUGGED BACK			
		TO SURFACE.			
				•	
		_			
		mw10			
CONTRACTOR'S OR LANDOWNE	R'S CERTIFICATION: This w	ater well was plugged un	nder my jurisdiction and	was completed	
on (mo/day/year)	27	This Water	Well Record was completed	i on (mo/day/year)	

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