WATER WELL PLUGGING RECORD Form WW	C-5P KSA 82a-1212 ID NO.
1 LOCATION OF WATER WELL: Fraction County: Pra++ VE 4 NE 4 NE 4 NE 4 NE	Section Number   Township Number   Range Number
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here	Clobal Positioning Systems (GPS) information:  Latitude: 37 39' 35' 9'' (in decimal degrees)  Longitude: 98 31' 13.1" (in decimal degrees)  Elevation: 7729  Datum: WGS84, NAD83, NAD27  Collection Method:
2 WATER WELL OWNER: U.S. G < 1 oq 1 c.   Survey  RR#, St. Address, Box #: 4821 Quail Crest Place  City, State ZIP Code: Law rence, KS 66849  Est. Accuracy:   Street Make/Model: 668700000000000000000000000000000000000	
3 MARK WELL'S LOCATION 4 DEPTH OF WELL	TER LEVEL 25.8 A
W NE Domestic Irrigation Feedlot Industrial Was a chemical/bacteri	Public Water Supply Oil Field Water Supply Domestic (Lawn & Garden) Air Conditioning  Ological sample submitted to Department? Yes  No S
5 TYPE OF BLANK CASING USED:	
Steel RMP (SR) Wrought Fiberglass Other (Specify below)  ABS Concrete Tile  Blank casing diameter in. Was casing pulled? Yes No If yes, how much casing height above or below land surface 36 in.	
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other  Grout Plug Intervals: From 57 ft. to 3 ft., From ft. to ft., From 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 Lateral lines Feedyard Abandoned water well Direction from well? Cess pool Livestock pens Oil well/Gas well How many feet?	
FROM TO PLUGGING MATERIALS	FROM TO PLUGGING MATERIALS
57' 3' Bantonite quout	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/13/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 823 . This Water Well Record was completed on (mo/day/year) 5/13/10 under the business name of 1), S. Geological Survey 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 Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html.	
	Check one: White Copy Blue Copy Pink Copy