			WATER WELL PLUGGING R	ECORD Form WWC-	-5P KSA 82a-1 212 ID	NO
1 LOC	ATION OF WA	TER WELL:	Fraction	Section Number	Township Number	Range Number
County: Pratt			se 1/4 se 1/4 ne 1/4	31	27 S	11 w E/W
Distance and direction from nearest town or city street address of well if located within city?						
Across the road west of Cairo						
2 WATER WELL OWNER: Jack Grier						
RR #, St. Address, Box #-90383 E hwy 54 City, State, ZIP Code Pratt Ks 67124 Board of Agriculture, Division of Water Resources Application Number:						
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL 45 ft.						
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL dry ft.						
	N		WELL WAS USED AS:			
	1M — /«	— NE —	1 Domestic 2 Irrigation	5 Public Water Sup 6 Oil Field Water S		
w		E	3 Feedlot 4 Industrial	7 Domestic (Lawn 8 Air Conditioning	& Garden) 11 Injection	
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	SW SE Was a chemical / bacteriological sample submitted to Department? Yes No _n if yes, mo/day/yr sample was submitted					
	S		Water Well Disinfected: Ye	s No n		
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing diameter $\frac{2}{1}$ in. Was casing pulled? Yes No $\frac{x}{1}$ If yes, how much Casing height above or below land surface $\frac{3}{1}$ it Below in.						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: From 45 ft. to 3 ft., From ft. to ft., From to ft.						
What is the nearest source of possible contamination:						
1 Septic tank			6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storage	16 Other (sp	ecify below)
2 Sewer lines 3 Watertight sewer lines			8 Sewage lagoon 13 Insecticide storage			
4 Lateral lines 5 Cess pool			9 Feedyard 1 0 Livestock pens	9 Feedyard 14 Abandoned water well 1 0 Livestock pens 15 Oil well/Gas well		
Direction from well? North East How many feet? 900 ft						
FROM TO PLUGGING MATERIALS						
45	3ft	bentonite		-		
						
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8-3-10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief.						
by (signature)						
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, Geology Section, 1 000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.