

AS-3

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO. 00344915

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																								
	County: <u>Sedgwick</u>	<u>SE 1/4 SW 1/4 NE 1/4</u>	<u>31</u>		<u>27</u>		<u>3</u>	EW																								
Distance and direction from nearest town or city street address of well if located within city?																																
<u>401 N. Main Garden Plain KS 67050</u>																																
2	WATER WELL OWNER: <u>Farmer's Coop</u>																															
RR #, St. Address, Box #: <u>401 N. Main</u>				Board of Agriculture, Division of Water Resources																												
City, State, ZIP Code: <u>Garden Plain KS 67050</u>				Application Number:																												
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL <u>20</u> ft.																												
N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">NW</td> <td style="width: 20px; text-align: center;">NE</td> </tr> <tr> <td style="width: 20px; text-align: center;">W</td> <td style="width: 20px; text-align: center;">E</td> </tr> <tr> <td style="width: 20px; text-align: center;">SW</td> <td style="width: 20px; text-align: center;">SE</td> </tr> <tr> <td colspan="2" style="text-align: center;">S</td> </tr> </table>			NW	NE	W	E	SW	SE	S		WELL'S STATIC WATER LEVEL <u>15.6</u> ft.																					
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Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No <u>X</u>																																
5	TYPE OF BLANK CASING USED:																															
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Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No If yes, how much <u>3'</u> Casing height above or below land surface in.																																
6	GROUT PLUG MATERIAL:																															
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Direction from well? <u>W</u> How many feet? <u>25</u>																																
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>6-6-07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) <u>6-22-07</u> under the business name of <u>Green Field Contractors</u> by (signature) <u>Jan Pearson</u>																															

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, 1000 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.