WATER WELL PLUGGING RE	ECORD Form WW	C-5P KSA 82a-	1212 ID NO. └		
1 LOCATION OF WATER WELL: County: Stanton	Fraction	Section Number	Township Number	Range Number EWS	
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Earl Arnold Global Positioning Systems (decimal degrees, min. of 4 dig Latitude:					
RR#, St. Address, Box #:		Longitude:			
City, State ZIP Code: Johnson KS 67855		Datum:	Datum: Data Collection Method:		
3 MARK WELL'S LOCATION 4 DEPTH OF WELL 400 ft.					
WITH AN "X" IN SECTION BOX:	WELL'S STATIC W	WELL'S STATIC WATER LEVELft			
N	WELL WAS USED	SED AS:			
NW NE	1 Domestic				
W	3 Feedlot		& Garden) 11 Injec	ction Well	
SW SE	4 Industrial 8 Air Conditioning 12 Other				
Was a chemical/bacteriological sample submitted to Department? YesNo					
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 in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface in.					
6 GROUT PLUG MATERIAL: 1 Neat cement © Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: From 400 ft. to 20 ft., From 20 ft. to 5 ft., From 5 to 0 ft.					
What is the nearest source of possible contamination: Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below)					
2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage					
4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? 15 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? 17 Mile					
	ING MATERIALS	FROM TO	PLUGGING MA	TERIALS	
400 20 Gand 20 5 Cen-	an t				
5 0 Dint					
			14.34		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3/3/// 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) under the business name of 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: 785/296-5522. Send one to Water Well Owner and retain one for your					
records. Visit us at http://www.kdheks.gov/geo/waterwells.					