/	ATED WELL DI HOOMO	DECORD E-	33/33	ici sp	*	MW-11		
VV	ATER WELL PLUGGING I LOCATION OF WATER WELL:	Fraction Fo	rm WW		KSA 82 n Number	a-1212 ID NO. Township Number	Dance Niverber	
•	County: Jewel	4SE 416	= 14 NW			T L S	Range Number	
	Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here RR Depot in Lovewell, Ki		Global Positioning Systems (GPS) information: Latitude: 39.8677 (in decimal degrees) Longitude: 97.98/3 (in decimal degrees) Elevation:					
l				Datum: WGS84, NAD83, NAD27 Collection Method:				
2	WATER WELL OWNER: BNSF Kailway Co. RR#, St. Address, Box #: 4515 Kansas Ave.				GPS unit (Make/Model:			
3	MARK WELL'S LOCATION 4 DEPTH OF WELL 13.9 ft.							
	BOX: WELL'S STATIC WATER LEVEL ft							
	WELL WAS USED AS:							
W	NW NE NE Domestic Public Water Supply Oil Field Water Supply Monitoring Injection Well Other SW SE Was a chemical/bacteriological sample submitted to Department? Yes No							
5	5 TYPE OF BLANK CASING USED:							
Steel RMP (SR) Wrought Fiberglass Other (Specify below) Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface 1 in. 6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Grout Plug Intervals: From 13.4 ft. to 2 ft., From ft. to ft., From to ft.								
	What is the nearest source of possible contamination: Septic tank Sewer lines Seepage pit Fuel Storage Fuel Storage Fertilizer storage							
	Watertight sewer lines Lateral lines Cess pool Livestock pens Livestock pens							
		GING MATERIAI	S	FROM	ТО	PLUGGING I	MATERIALS	
	0 2 Top:							
	2 139 Bento	ni te						
						W. W		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3/14/2012—and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 710. This Water Well Record was completed on (mo/day/year) 3/16/12—under the business name of Below Ground Surface, Loc. 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								