WATER V	WELL PLUGGING RECORD	Form WWC-5P	(SA 82a-1212	
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Barber	C 1/4 NE 1/4 SE 1/4	3	30 S	13 W
Distance and direction from nearest town or city street address of well if located within city?				
2 m. S., 2 ½ m. W., 5/8 m. S., 3/8 m. E., of Sawyer, Kansas				
WATER WELL OWNER: F.G.HOLL CO., L.L.C. P.O.Box 780167				
RR#, St. Address, Box #: 6427 E. Kellogg City, State, ZIP Code: Wichita, KS 67278-0167 Board of Agriculture, Division of Water Resources Application Number:				
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft.				
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL6ft.				
WELL WAS USED AS:				
N W E	1 Domestic	5 Public Water Sup	ply 9 Dewaterin	g
	2 Irrigation 3 Feedlot	6 Oil Field Water 7 Lawn and Garden	Supply 10 Monitorin Only 11 Injection	
W	E 4 Industrial		12 Other	
S W S E Was a chemical/bacteriological sample submitted to Department? Yes.?No				
If yes, mo/day/yr sample was submitted				
	Water Well Disinfec	ted: Yes. X No	3031 W. P	awnee,Suite500
S S S S S S S S S S S S S S S S S S S	Chlorides wer	re monitored	Wichita,	KS 6/213
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 NoX If yes, how muchin.				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: From. O. ft. to.4. ft., From. 4. ft. to .6. ft., From. toft.				
What is the nearest source of possible contamination:				
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	11 Fuel storage 12 Fertilizer stora 13 Insecticide stor 14 Abandoned water 15 Oil well/Gas wel	age (pond) well	ecify below) parent
Direction from well? How many feet?				
	LUGGING MATERIALS			
	• • • • • • • • • • • • • • • • • • • •			
18 ' 6' sande				
6' 0' cemen				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). 8.11/1.1998				
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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.				