		`	WATER WELL PLUGGING RECOR	AD FORM WWC-SP KSA	82a-1212 ID NO		
1	LOCATION OF WATER	R WELL:	FIRETO NW CW	Section Number	Township Number	Range Number	
Co	unty: Haske	/	SW HALL HAVE	30	305	33W	
Distance and direction from nearest town or city street address of well if located within city? 2 Miles South of Satenta							
2	WATER WELL OWNER	: Brad St					
	RR #, St. Address, Box # City, State, ZIP Code		a, KS 67870	Board of Agriculture, Application Number:	Division of Water Resource	es .	
3	MARK WELL'S LOCAT	TION WITH	4 DEPTH OF WELL	400 ft			
ľ	AN X IN SECTION E	50X:	WELL'S STATIC WATER LEVEL 300 ft.				
			WELL WAS USED AS:				
	N W	- N E	1 Domestic	5 Public Water Supp	oly 9 Dewat	tering	
			2 Irrigation 3 Feedlot	6 Oil Field Water Su 7 Domestic (Lawn 8		oring Well	
W	×	E	4 Industrial	8 Air Conditioning			
S W S E Was a chemical / bacteriological sample submitted to Department?Yes						No.	
			Water Well Disinfected:	Yes No			
5 TYPE OF BLANK CASING USED:							
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)							
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameterin. Was casing pulled? Yes No If yes, how much in. Casing height above or below land surface in.							
6 GROUT PLUG MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: Fromft. toft., Fromft., Fromft.							
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)							
1 Septic tank 2 Sewer lines			6 Seepage pit 7 Pit privy	11 Fuel storage12 Fertilizer storage	je		
	3 Watertight sew	er lines	8 Sewage lagoon 9 Feedyard	13 Insecticide stor14 Abandoned wat	•		
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well							
Direction from well? South How many feet?							
FROM TO PLUGGING MATERIALS							
400 300 Chloringted Sand							
	300 8	Clay 15	'ubsoil				
Г	8 4	(emen	+				
4 - Cut of Casing 4				•			
		Back	1:11				
			•				
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
	Water Well Contractor's License No						
by (signature)							
T _{IN}	INSTRUCTIONS: Use typewriter or hall point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct						

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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: 785/296-3565. Send one to Water Well Owner and retain one for your records.