	WATER WELL PLUGGING RECC	JAD FORM WWC-SP KSA	82a-1212 ID NO	
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sumner	544 544 544	3	315	34
Distance and direction from nearest town or city street address of well if located within city? I ml. 5. of Conway Springs, K5 on Hwy 49 on NW Corner				
2 WATER WELLOWNER: El Paso Corp. RR #, St. Address, Box #: 2 N. Nevada Board of Agriculture, Division of Water Resources				
RR #, St. Address, Box #: 2 Ni Nevada Board of Agriculture, Division of Water Resources City, State, ZIP Code : Colorado Springs, CO 8093 Application Number:				
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL				
WELL'S STATIC WATER LEVEL ft.				
	WELL WAS USED AS:			
N W N E	1 Domestic 2 Irrigation	5 Public Water Supp6 Oil Field Water Su		tering oring Well
W E	3 Feedlot	7 Domestic (Lawn &	Garden) 11 Injecti	on Well
	4 Industrial	8 Air Conditioning	12 Other	
Was a chemical / bacteriological sample submitted to Department?Yes				
Water Well Disinfected: Yes No				
S Water Well Distillected. Tes				
5 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PV0 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
Blank casing diameterin. Was casing pulled? YesX No				
6 GROUT PLUG MATERIAL: 1 Neat cemen 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: From (4) O ft. to 1. ft., From (1) 1 ft. to 12.5 ft., From to ft.				
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)				
2 Sewer lines	7 Pit privy	12 Fertilizer storag	je	
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well				
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well				
Direction from well?				
FROM TO PL	UGGING MATERIALS			
0 (50;				
	-land Cemen	+		
	THE CENTER			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed				
on (mo/day/year) 3/8-10/04 and this record is true to the best of my knowledge and belief. Kansas				
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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) by (signature)				
by (signature)				
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: 785/296-3565. Send one to Water Well Owner and retain one for your records.				