W	ATER WE	LL PLUGO	SING RECORD	Form WWC-5P	KSA 82s-1212	ID No.	VP-29	
LOCATIO	N OF WAT	ER WELL:	Fraction		Section Number	Township Number	Range Number	
ounty:		ade	NE 1/4 N	IW 1/4 NE 1/2	4 11	32S	28W	
istance a	nd directio		arest town or city stre					
			623 E. Carthage, M					
			Municipal Plant				4.4.4	
	ddress, Bo					of Agriculture, Division	n of Water Resource	
ty, State	ZIP Code	ATON WITH				etion Number:		
"X" IN SE	ELL'S LOC	X:	4 DEPTH OF	WELL 12.1	A.			
- X	N		IAELUS ST	TIC WATER I SVE	•			
`	1	X	WELLSSIA	WELL'S STATIC WATER LEVEL ft.				
		į	WELL WAS	WELL WAS USED AS:				
1	W	- NE				9 Dewateri	•	
l			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ibilc Water Supply I Fleid Water Supply	10 Monitorir	-	
×	i 		L]		wn and Garden (domesti	<u>~</u>	-	
	1		4 Ind	tustrial 8 Alr	Conditioning	12 Other		
8	iw	- še	Was a chemical/	bacteriological sample	submitted to Department	? Yes	No	
			Water Well Disin		No			
TYPE OF	BLANK C	CINO LICE	<u> </u>		***			
	- DEVIAN O			7 Fiberglas	s 9 Other (s	pacify below)		
_		•	•					
Blank cas	ung diamete	ır 2		ulled? Yes x	No If yes, how m	uch 3f	eet	
			nd surface					
				_		ж		
What to	the nearest		6 Seepage pit	(11)Fue	il storage Hizer storage	ft. From	oalow)	
			7 Pit privy 8 Sewage lagoon		ecticide storage	***********		
			9 Feedyard		indoned water well			
	s Pool		10 Livestock pens		well/ Gas well			
			•		y feet?			
irection fro			******					
FROM	TO	CODE	PL	UGGING MATERIALS				
	****			and any organization of the state of the sta				
0	3'			Native				
3'	12.1'		В	entonite Chips				
				- Transfer of the Assessment				
		 						
		 						
		 						
		L		# Mr (mr + + + + + + + + + + + + + + + + + + +				
CONT	TRACTOR'S	S OR LAND				ny jurisdiction and was		
on (n	no/day/yr)		3/25/14	and thi	a record is true to the	best of my knowledge	and belief. Kansas	
Wate			icense No.		·	Record was complete		
	4/1	5/14	under the bus	iness name of 📆	Bluestem	Environmental Engineering	, Inc.	
by (signature)		**********	Nu	det			
INSTR			the state of the s					
	RUCTIONS	5. Please :	fill in blanks and cir	cle the correct answ	vers. Send three cop	ies to Kansas Depart	ment of Health and	
	nment, Bo	ireau of W	fill in blanks and cir Vater, 1000 S W Jac Owner and retain on	kson St., Ste. 420,	vers. Send three cop Topeka, Kansas 666	ies to Kansas Depart 120-0001. Telephone	ment of Health and : 785-296-3565.	