| W. | ATER W | ELL PLU | JGGING I | RECORD | Form WW | 'C-5P | KSA 82a | 1-1212 ID NO. | | |
|--|--|--------------|--|---------------------------------------|---|---|-----------------------|------------------------|--|--|
| 1 | | | | Fraction | | Section | Number | Township Number | Range Number | |
| | County: BA | | | ' | 1/4 NW 1/4 SE | /4 | 8 | T 35 S | 12 E V W | |
| | Street/Rural Address of Well Location; if unknown, distance & Global Positioning Systems (GPS) information: | | | | | | | | | |
| | | | wn or intersect | ion: If at owne | r's address, | Latitude:(in decimal degrees) Longitude:(in decimal degrees) | | | | |
| | | | | | | | Elevation: | | | |
| | | | | | | | WGS | 884, NAD83, | NAD27 | |
| | | | | | | Collection | | , | | |
| 2 | WATER WELL OWNER: USD 255 | | | | | | GPS unit (Make/Model: | | | |
| 2 | RR#, St. Address, Box #: 310 E. CENTRAL | | | | | Digital Map/Photo, Topographic Map, Land Survey | | | | |
| | City, State ZIP Code: HARDTNER, KS 67057 | | | | | Est. Accuracy: □ <3 m, □ 3-5 m, □ 5-15 m, □ > 15 m | | | | |
| | | HARL | TNER, KS 670 | o/ | Est. Accuracy: $\square < 3 \text{ m}, \square 3-3 \text{ m}, \square 5-13 \text{ m}, \square > 13 \text{ m}$ | | | | | |
| 3 | 3 MARK WELL'S LOCATION 4 DEPTH OF WELL 25 ft. | | | | | | | | | |
| • | WITH AN "X" IN SECTION | | | | | | | | | |
| | WELL'S STATIC WATER LEVE N/A ft WELL WAS USED AS: Domestic Public Water Supply Dewatering Irrigation Oil Field Water Supply Monitoring | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | terino | |
| | | | | | | | | | | |
| Ŋ | Feedlot Domestic (Lawn & Garden) Injection Well | | | | | | | | | |
| | Industrial Air Conditioning V Other Vapor evap. | | | | | | | | | |
| | SW SE Was a chemical/bacteriological sample submitted to Department? Yes No 🗸 | | | | | | | | | |
| | | | | Was a c | hemical/bacteri | ological san | iple submit | ted to Department? Y | es ∐ No ✓ | |
| 5 TYPE OF BLANK CASING USED: | | | | | | | | | | |
| 5 | IYPE OF | BLANK C | ASING USI | ED: | | | | | | |
| | Steel RMP (SR) Wrought Diberglass Other (Specify below) | | | | | | | | | |
| | ₹ PVC | AB | | Asbestos-Co | | oncrete Tile | ; | | | |
| | | - | | | | a 🗆 | | | | |
| i | Blank casi | ng diamete | r <u>2</u> in. | Was casing | pulled? Yes | ∐ No L | If yes, ho | w much 3° | | |
| | Casing hei | ght above of | or below land | surface N/A | in. | | | | | |
| | | | | | | | | | | |
| 6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Gravel/Native Soil | | | | | | | | | | |
| | | | | | | | | | | |
| | Grout Plug Intervals: From 0 ft. to 3 ft., From 3 ft. to 25 ft., From to ft. | | | | | | | | | |
| | What is the nearest source of possible contamination: Septic tank Seepage pit Fuel Storage Other (specify below) | | | | | | | | | |
| | | | | | | | | | | |
| | Seption | | | eepage pit | | | _ LI | Office (specify below) | la de la companya de La companya de la co | |
| | Sewer lines Pit privy Fertilizer storage Watertight sewer lines Sewage lagoon Insecticide storage | | | | | | | | | |
| | | d lines | | eedyard | | loned water | | ection from well? | | |
| | Cess | | | ivestock pens | Oil we | ell/Gas well | | w many feet? | | |
| | | | | | | | | | | |
| | FROM | TO | PLU | GGING MAT | ERIALS | FROM | TO | PLUGGING | MATERIALS | |
| | 0 | 0.5 | Gravel | | | | | | | |
| | 0.5 | 3 | Native Soil | | | | | | | |
| | 3 | 25 | Bentonite | | | | | | | |
| | | | | | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | | | VE-2 | | |
| | | | | | | | | | | |
| | | - | | | | | <u> </u> | | | |
| _ | CONTENT | TEORIC | ID I ANDON | Wiene on | DTIELCATIO | N. This | rater vicil - | was plugged under | ny jurisdiction and vyca | |
| 7 | CONTRAC | TOR'S O | OK LANDO | WNER'S CE | KIIFICATIU | ord is true | to the best | of my knowledge an | ny jurisdiction and was ad belief. Kansas Water | |
| con | ipicica on (Il Contracto | mo/day/yea | ar) 6/22/2009 No 527 | ть | | | | | | |
| Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/year) 6/24/2009 under the business name of GeoCore Inc. by (signature) | | | | | | | | | | |
| OUBLINOS MAIN OF THE PARTY OF T | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Jac | kson St., Ste | . 420, Tope | eka, Kansas 6 | 6612-1367. | Felephone: 785 | /296-5524. | Send one to | o Water Well Owner | and retain one for your | |
| | | | | gov/waterwel | | | | | | |
| | | | | | | Check o | ne: | White Copy B | lue Copy Pink Copy | |
| | | | | | | | L.V | اللا ي | ^· U | |