			WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	10
1 LOCA	TION OF WAT	ER WELL:	Fraction	Section Number	Township Number	Range Number
County: M	orton		SE¼ SE¼ SW¼	3	35	41 E/W
Distance and	direction from		city street address of well if loc			
1.5 mi	les NE &	5 miles E	of Elkhart - N sid	e of road		
2 WATE	R WELL OWN	IER: North	ern Natural Gas			
	St. Address, Boate, ZIP Code		Box 17 on, KS 67951	Board of Agriculture Application Number	, Division of Water Resource:	ces
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL 40 ft.						
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL						
	N		WELL WAS USED AS:			
N\	v ——	— NE ——	1 Domestic 2 Irrigation	5 Public Water Supply	9 Dewateri	
			3 Feedlot	<ul><li>6 Oil Field Water Suppl</li><li>7 Domestic (Lawn &amp; Ga</li></ul>		
W		E	4 Industrial	8 Air Conditioning	12 Other	
sv.	Was a chemical / bacteriological sample submitted to Department? Yes					NoX
X Water Well Disinfected: Yes No						
	S					
5 TYPE OF BLANK CASING USED:						
1 Ste		P (SR) 5 Wr 6 Asl	ought 7 Fibergla pestos-Cement 8 Concre			
		erin. or below land su	Was casing pulled?	Yes No	Overdr X If yes, how mu	ch
6 GROU	T PLUG MATE	ERIAL: 1 No	eat cement 2 Cement grou	ut 3 Bentonite (4)0	Other <b>Soi-1</b>	
	Plug Intervals:		ft. to3 ft.,	From3ft. to	40 ft., From	to fi
What i	s the nearest s	source of possible	contamination:			
	Septic tank Sewer lines		<ul><li>6 Seepage pit</li><li>7 Pit privy</li></ul>	<ul><li>11 Fuel storage</li><li>12 Fertilizer storage</li></ul>	16 Other (spe	• •
3 Watertight sewer lines			8 Sewage lagoon	13 Insecticide storage		
4 Lateral lines 5 Cess pool			<ul><li>9 Feedyard</li><li>10 Livestock pens</li></ul>	<ul><li>14 Abandoned water w</li><li>15 Oil well/Gas well</li></ul>	vell	
Direct	ion from well?		How many	feet?		
	T					
FROM	то	PL	UGGING MATERIALS			
0	3	Soil (8	3")		DEC	יבוי/בר
3	40	Cement	grout (2")		REC	EIVED
					OCT	0 1 2004
					BUREAL	OF WATER
				00	77	
				GeoCore #2	.77	
_						
—— (mo/da Water \ 9/.2	ay/year) Well Contractor 9/2004	.97.67.2004	R'S CERTIFICATION: This 527. Ge pusiness name ofGe	and this record is true	e to the best of my knowle er Well Record was comp	dge and belief Kansas
			point pen. <u>Please press firr</u>			e or circle the correct
			as Department of Health ar			

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.