		WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID I	NO. 00293161
1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Phillips		SE 14 SW 14 NW 14	26	3 S	17 EÆ
		city street address of well if loc	ated within city?		
South side of Railroad					
<del> </del> -	NER: RANGELAN 250 F Stree	et .			
RR #, St. Address, E City, State, ZIP Cod		4 I, KS 67661	Board of Agriculture Application Number:	, Division of Water Resour :	rces
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL	44.25 ft.		
		WELL'S STATIC WATER LEVEL 38.42 ft.			
N N		WELL WAS USED AS:			
NW-	NE	1 Domestic	5 Public Water Supply	9 Dewater	rina
		2 Irrigation 6 Oil Field Water Supply Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well			
w	E	4 Industrial	8 Air Conditioning		
	05	Was a chemical / bacteriolog	gical sample submitted to De	partment? Yes	No
SW	SE	If yes, mo/day/yr sample wa	s submitted	•	
		Water Well Disinfected: Ye	s No		
5 TYPE OF BLANK O	CASING USED:	L			
3	MP (SR) 5 Wro	ought 7 Fibergia	ass 9 Other (Specify be	alow)	
PVC 4 Al		pestos-Cement 8 Concre			
Blank casing diame Casing height above		Was casing pulled?		If yes, how mu	uch
6 GROUT PLUG MA	TERIAL: 1 Ne	eat cement 2 Cement grou	ut	otherNative.soil	
Grout Plug Intervals	s: From	ft. to3 ft.,	From3 ft. to	44.25 ft., From	to ft
What is the nearest	source of possible			40.00	
1 Septic tank 2 Sewer lines		6 Seepage pit 7 Pit privy	<ul><li>11 Fuel storage</li><li>12 Fertilizer storage</li></ul>	16 Other (spe	ecity below)
3 Watertight sewer lines 4 Lateral lines		Sewage lagoon     Feedyard	<ul><li>13 Insecticide storage</li><li>14 Abandoned water w</li></ul>	vell	
5 Cess pool		10 Livestock pens	15 Oil well/Gas well		
Direction from well	?	How many	feet?		
FROM TO PLU		JGGING MATERIALS			
0 3 Native soil			Casing remove	ed to 3' bgs	
3 44.25 Bentonite (2")					
			MW5		
			GeoCore #137	7	
			**************************************		
			<del></del>		
7 CONTRACTOR'S	OF LANDOWNE	R'S CERTIFICATION: This	water well was plugged	under my juriediction o	and was completed on
(mo/day/year)	***********************	.3/29/2007	and this record is true	to the best of my knowle	edge and belief. Kansas
4/11/2007.	under the		a.lnc	***************************************	***************************************
by (signature)	Dak	ll			
INSTRUCTIONS: Use to	typewriter or ball	point pen. <u>Please press firr</u> as Department of Health ar	nly and <u>print</u> clearly. Pleas	se fill in blanks, underlin	ne or circle the correct
		67. Telephone: 785/296-55			