			WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID I	NO. 00296764
1	LOCATION OF WATE	R WELL:	Fraction	Section Number	Township Number	Range Number
Cou	nty: Phillips		SE 1/4 SW 1/4 NW 1/4	26	3 S	17 EW
	ance and direction from nouth side of Railroad Av		ity street address of well if loca et, Gretna	ated within city?		
2	WATER WELL OWNE	R: RANGELAN 250 F Stree	ID COOP, INC.	, ······		
	RR #, St. Address, Box #: PO Box 62 City, State, ZIP Code : Phillipsburg		Board of Agriculture, Division of Water Resources			rces
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:				44.75 ft.		
_	N N		WELL'S STATIC WATER LEVEL 39.45 ft.			
	NW NE E		WELL WAS USED AS:			
			1 Domestic 5 Public Water Supply 9 Dewate 2 Irrigation 6 Oil Field Water Supply Monito			
w			3 Feedlot 4 Industrial	7 Domestic (Lawn & Garden) 11 Injection Well 8 Air Conditioning 12 Other		
'		-	4 industrial	8 Air Conditioning	12 Other	
	sw — se —		Was a chemical / bacteriological sample submitted to Department? Yes			
L	S		Water Well Disinfected: Ye	sNo		
5	TYPE OF BLANK CAS	SING USED:	17/11/11/11/11/11/11/11/11/11/11/11/11/1			
}	1 Steel 3 RMP ● PVC 4 ABS	1. 6	ught 7 Fibergia estos-Cement 8 Concret		elow)	
	Blank casing diameter	r2 in.	Was casing pulled?	Yes No		uch
6	GROUT PLUG MATER	RIAL: 1 Ne	at cement 2 Cement grou	it	otherNative.soil	
	Grout Plug Intervals:	From	.Q ft. to3 ft.,	•	44.75 ft., From	to ft
	What is the nearest so	urce of possible	contamination:			
	1 Septic tank		6 Seepage pit	11 Fuel storage	16 Other (spe	ecify below)
2 Sewer lines		lines	7 Pit privy 8 Sewage lagoon	<ul><li>12 Fertilizer storage</li><li>13 Insecticide storage</li></ul>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
<ul><li>3 Watertight sewer lines</li><li>4 Lateral lines</li></ul>			9 Feedyard	14 Abandoned water w	vell	
5 Cess pool			10 Livestock pens	15 Oil well/Gas well		
	Direction from well?		How many	feet?		
			IGGING MATERIALS			
		Native soil		Casing removed to 3' bgs		
	3 44.75 E	Bentonite (2")		MW8		
				GeoCore #137	7	
7	(mo/day/year) Water Well Contractor's 4/11/2007	License No	R'S CERTIFICATION: This 3/29/2007	and this record is true This Wat	to the best of my knowle er Well Record was com	edge and belief. Kansas pleted on (mo/day/year)
	by (signature)	Ush.	KU			
INS	TRUCTIONS: Use type	ewriter or ball t	point pen. Please press firm	nly and print clearly. Pleas	se fill in blanks, underlin	ne or circle the correct

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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: 785/296-5522. Send one to Water Well Owner and retain one for your records.