WATER WELL PLUC		GGING RECORD	Form W	WC-5P	KSA 82e-1212	ID No. AS-10		
			Fraction			Section Number	Township Number	Range Number
County:			NE 1/	NW 1/4	SE 1/4	8	3 S	33 W
	and direction	on from n	earest town or ci	y street address	s of well if loc	ated within city?		
 	 		, , , ,					
	WELL OW Address, B					Densi	of Agriculture, Division	n of Wister Descripte
	e, ZIP Cod						ation Number:	II OI TYGIGI NGSOUIGES
_ MARK V	NELL'S LO	CATON W	MANA A KA I		40			· · · · · · · · · · · · · · · · · · ·
2 .X. IN S		OX:	DEPT	H OF WELL	•••••			
X	N		well	WELL'S STATIC WATER LEVEL ft.				
WELL WAS USED AS:								
	ww	NE	AASTE	YING UGED AG.				
	1	į		1 Domestic		Water Supply	9 Dewater	-
w		<u> </u>	E	2 Irrigation		eld Water Supply	ic) Monitorir	-
		X	1 1	3 Feedlot 4 Industrial		and Garden (domesti enditioning		Y****
	sw	še				-		
Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted								
Water Well Disinfected: Yes No								
	\$							
	XF BLANK C	:ASING US 3 RMP		uaht '	7 Fiberolasa	9 Other (s	pecify below)	
2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter 2 in. Was casing pulled? Yes x No If yes, how much 3 feet								
Blank ca	ising diamei	te r 2	in. Was ca	sing pulled? Ye	a x No	If yes, how m	uch 31	eet
Casing t	height above	or below	iand surface	in.				
					(3)Ban	onite 4 Othe	er	
								
Grout F	Plug Interval	s From	fl. to	ft. From	rn		ft. From	.π. toπ.
What is	s the neares	t source of	f possible contamin	ation:				
1 Se	otic tank		6 Seenage p	6 Seepage pit		orage	16 Other (specify below)	
	wer lines		7 Pit privy		12 Fertilizer storage			
3 Watertight sewer lines			8 Sewage legoon		13 insecticide storage		***************************************	
4 Lateral lines			9 Feedyard	0.000,000		oned water well		
5 Cess Pool 10 Livestock pans 15 Oil well/ Gas well								
Direction fr	om well?		*********		How many fe	et?		
FROM	TO	CODE		PLUGGING M	ATFRIALS			
0	40	.0005	Bentonite cl		711 W 120			
		+	Dontonico oi	po				
	 		NIII)					
· · · · · · · · · · · · · · · · · · ·								
	ļ <u>.</u>	-						
7 CON	ITRACTOR	'S OR LA	NDOWNER'S CEF	TIFICATION: Th	ils water well	was plugged under r	ny jurisdiction and was	completed
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 11/8/15 and this record is true to the best of my knowledge and belief. Kanaas								
							Record was complete	d on (mo/dav/vr)
	11/	18/15	under the	business nam	e of _/,	I Bluestern	Environmental Engineering	, Inc.
by							~~ ~~	
INST	RUCTION	S: Pleas	e fill in blanks ar	d circle the co	rrect answer	s. Send three cop	ies to Kansas Depart	ment of Health and
Envir	ronment, B	Bureau of	Water, 1000 S \	V Jackson St.,	Ste. 420, To	peka, Kansas 666	20-0001. Telephone	: 785-296-3565.
pend	ONE TO YY	MIGL AAGII	Owner and reta	in one for your	racoras.			