٧	NATER W	ELL PLU	GGING R	ECORD	Fon	m WWC-5P	KSA 82a-1212	ID No.	MW-19
1 LOCATI	ON OF WA						Section Number	Township Number	Range Number
County:	Rav	vlins	S	W y	SW	1/4 NE 1/	4 8	3 S	33 W
Distance	and direction	on from n	earest to	wn or city	street add	iress of well if	located within city?		
			******						
2 WATER WELL OWNER: MaxFee Oil Company RR#, St. Address, Box # 707 South 3rd Board of Agriculture, Division of Water Resources									
	, ZIP Code			0				ation Number:	on of yvater Resources
, MARK V	VELL'S LOC	CATON W	THAN			20	Apple	ALLON INDICATE	
3 .X. IN 8	ECHOIA PC	DX:	-	DEPTH	OF WELL,	20			
X	N		_	WELL'S	STATIC W	ATER LEVEL	n.		
		1					***************************************		
L	W.L.	NE	]	METT A	VAS USED	AS:			
	i	i		1	Domestic	5 Pu	blic Water Supply	2 Dewate	ring
w	x		E	2	Irrigation		Field Water Supply	(10) Monitor	
		<u>-</u>	1	_	Feedlot		wn and Garden (domesi		
	evu	, , , , , , , , , , , , , , , , , , ,		•	Industrial	ō Alf	Conditioning	12 Other	
Was a chemical/bacteriological sample submitted to Department? Yes No									
If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No									
	\$		_ w	ater yven i	Asimected:	Yes	_ NO		
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) (2)PVC 4 ABC 6 Asbestoe-Cernent 8 Concrete Tile									
2PVC 4 ABC 5 Asbestos-Cement 8 Concrete Tile  Blank casing diameter 4 In. Was casing pulled? Yes x No If yes, how much 3 feet									
Casing height above or below land surface in.									
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3)Bentonite 4 Other									
Grout Plug Intervals From ft. to ft. From ft. to ft. From ft. to ft.									
What is the nearest source of possible contamination:									
The state of the s									
	ptic tenk			epage pit		$\sim$	storage	16 Other (specify	below)
	wer lines	N.	7 Pit privy				ilzer storage	***********	
f	dertight sew	er lines	8 Sewage legoon				cticide storage Indoned water well		
	erai lines es Pool		9 Feedyard 10 Livestock pans						
5 Cess Pool 10 Livestrok pans 15 Oil well/ Gas well									
Offection fo	om well?					How many	y feet?		
FROM	TO	CODE		PLUGGING MATERIALS					
0	20		Bentor	nite gro	out				
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CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed									
on (mo/day/yr) 11/9/15 and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. This Water Well Record was completed on (mo/day/yr)									
				under the business name of //// Bluestem Environmental Engineering, Inc.					
by	(signature)						******************	*************	
INST	RUCTION	S: Pleas	e fill in bl	anks and	circle the	correct answ	ers. Send three cop	ies to Kansas Depa	rtment of Health and
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565.									