M	W	-2	
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WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO._____

1	LOCAT	ION OF WAT	ER WELL:		Fraction	Section	Number	Township	Number	Range	Number	
Co	ounty: Re	public			SE45W 45W 14	2	(3	5	5	E.(V)	
Dis	stance and		nearest town	or c	it a natural to adduce on the control of lane	ated within city	/?					
	Well bocated I mile south of Courtland, KS on CR-R, Northside of road. 2 WATER WELL OWNER: No Star Energy L.P.											
2	WATER	R WELL OWN	ier: No S	Sta	r Energy L.P.		•					
	RR #, St. Address, Box #: City, State, ZIP Code : Board of Agriculture, Division of Water Resources Application Number:											
3 MARK WELL'S LOCATION WITH					4 DEPTH OF WELL	12	ft.					
	□ AN "X"	AN "X" IN SECTION BOX: N			WELL'S STATIC WATE	R LEVEL9	, ft.					
		N			WELL WAS USED AS:							
	NW	,	— NE ———		1 Domestic	5 Public	Water Supply		9_Dewateri	ng		
					2 Irrigation 3 Feedlot	6 Oil Fie	eld Water Supp stic (Lawn & G	oly 🗗	Monitorin Injection			
w	·			Ε	4 Industrial		onditioning					
					Was a shomical / basteriolo	aical cample s	submitted to De	anartmont? Vac	,	No.X		
	sw	1	SE		If yes, mo/day/yr sample wa	Was a chemical / bacteriological sample submitted to Department? Yes						
	X				Water Well Disinfected: Ye	sNo	X					
		S										
5	TYPE (OF BLANK C	ASING USED:									
-	Stee				ought 7 Fibergla	ass 9 O	ther (Specify be	elow)				
	2 PVC				estos-Cement 8 Concre		_			01		
	Blank o Casing	casing diame height above	ter in e or below land	ı. İ su	Was casing pulled?	Yes .XX.				ch 9'		
6		T PLUG MAT			2 Cement gro 2 ft. to ft.		tonite 24 C	Other Diff				
		Plug Intervals:				, From		o Q ft.,	From	to	ft	
			source of poss	ibie	contamination: 6 Seepage pit	11 Euol	storago	Ã	Other (ene	cify below)		
Septic tank Sewer lines				7 Pit privy	12 Fert	11 Fuel storage (16) Other (spe				·····		
Watertight sewer lines Lateral lines				8 Sewage lagoon9 Feedyard		12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well						
		ess pool			10 Livestock pens		vell/Gas well		•			
	Directi	on from well?			How many	feet?						
	FDOM	TO	<u> </u>	DU	ICCINC MATERIAL C							
_	FROM	ТО	0 (JGGING MATERIALS							
	12	2	Bettoni	H								
	2	O	Topsort									
					13/13							
_												
_												
	1											
7	/mo/da	v/vear)	4-19-6	9 /	R'S CERTIFICATION: This	and thi	s record is true	e to the best of	my knowle	dge and belie	f Kansas	
(mo/day/year)												
by (signature)												
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct												
111/	NOTHUCITOR	ONO. USE I	ypewriter of t	Jali	point pen. <u>Flease press fir</u>	niy and prin	clearly. Flea	ise iii iii diank	s, undenin	e 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.