Form WWC-5P KSA 82a-1212

1 LOCAT	ION OF WAT	ER WELL		raction	Section	Number	Township	Number	Range	Number
						Namber	,		· ·	Number
County: Graham Distance and direction from nearest town or or				E¼ NE¼ NE¼	13		8	S	23	E(W)
		, Hill C		street address of well if loca	ited within city	/?				
				velady	· · · · · · · · · · · · · · · · · · ·		***************************************			
	R WELL OWN	RR 2		-				_		
	t. Address, Bo ite, ZIP Code	×#: Hill	Cit	y, KS 67642		d of Agriculture cation Numbe	e, Division of W r:	ater Resourc	es 	
3 MARK WELL'S LOCATION WITH			4	4 DEPTH OF WELL 30 ft.						
AN "X" IN SECTION BOX:				WELL'S STATIC WATER LEVEL						
	. N	Х		WELL WAS USED AS:						
	,				5 Dublis	W-1 01		0 Dti-		
NW	/	- NE		1 Domestic 2 Irrigation		: Water Supply eld Water Supp		9 Dewaterii 10 Monitorin		
w			E	3 Feedlot 4 Industrial		stic (Lawn & Conditioning		11 Injection 1 12 Other		
						· ·				
sw	/	- SE		Vas a chemical / bacteriolog f yes, mo/day/yr sample wa:				N	loX	
				Vater Well Disinfected: Ye						
	S		'	vater vven Disinlected. Te	5 INU	· **				
5 TYPE	OF BLANK CA	SING USED:		With the second						
1 Stee		P (SR) 5	Wroug	ht 7 Fibergla	ss 9 O	ther (Specify b	pelow)			
2 PVC	4 ABS	6	Asbest	os-Cement 8 Concret						
Blank Casing	casing diamete height above	er2 in or below land	ı. I surfac	Was casing pulled?	YesX.	No .	If y	es, how mud	h2.5!	
6 GROU	T PLUG MATE	ERIAL: 1	Neat	cement 2 Cement grou	ıt 🗿 Ben	tonite (4)	Other Nati	ve soil		
1	Plug Intervals:	From	Q	ft. to1 ft.,	From	lft. t	o30 ft.,	From	to	ft
What is	the nearest s	source of poss	ible co	ntamination:						
1 Septic tank 2 Sewer lines				6 Seepage pit 7 Pit privy		11 Fuel storage 16 Other (specify 12 Fertilizer storage				
3 Watertight sewer lines				8 Sewage lagoon	13 inse	13 insecticide storage				
4 Lateral lines 5 Cess pool				9 Feedyard 10 Livestock pens		ndoned water vell/Gas well	well			
Directi	on from well?				feet?					
	1					••••••				
FROM	ТО		PLUG	GING MATERIALS						
0	1	Native	soil	L						
1	3	Bentoni	ite	(8")						
3	30	Bentoni		· · · · · · · · · · · · · · · · · · ·						
<u></u>	30	Dericon	ice i	.2)	— G€	eoCore #8	32			
					AS	53				
7 CONT	RACTOR'S	DE LANDOW	NER'S	S CERTIFICATION: This	water well	was plugged	l under my ju	risdiction ar	nd was con	přeted on
⊢—' (mo/da Water V	ıy/year) Vell Contractor	's License No.		S CERTIFICATION: This	and thi	s record is tru This Wa	ie to the best o ater Well Recoi	t my knowlet d was comp	dge and beli leted on (mo	ef_ Kansas √day/vear)
1.0.	1.401.4003.	under	the_b	usiness name ofG	eocore1	.nc. .				
				?						
answers. Se	ONS: Use ty and top three	pewriter or becopies to Ka	all po ansas	int pen. <u>Please press firn</u> Department of Health ar	<u>nly</u> and <u>print</u> nd Environm	clearly. Plea ent, Bureau	ase fill in blank of Water, Geo	s, underline logy Section	or circle the n, 1000 SW	e correct /Jackson

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.