	ELL PLUGGING F	RECORD	Form WW	C-5P	KSA 82	a-1212 II	NO.		
1 LOCATION County:	NOF WATER WELL:	Fraction NE 1/4 SE	1/4 NE 1/4 SW 1/	4 13	Number	Township N	(Ŝ)	Range Number 33	
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here					Clobal Positioning Systems (GPS) information: Latitude: 39.3557 (in decimal degrees) Longitude: - 160.95289 (in decimal degrees) Elevation:				
				Collection	Method:	_		· -	
2 WATER WELL OWNER: H+H Farms RR#, St. Address, Box #: 840 sunset Dr. City, State ZIP Code: (alby (15 le 770)				GPS unit (Make/Model:					
ESL. Accuracy: - < 3 m, - 33 m, - 5-13 m, - > 13 m								5-15 m,	
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL Dry ft									
N WELL WAS USED AS:									
W NE NE E Domestic Irrigation Feedlot Industrial Domestic (Lawn & Garden) Air Conditioning Other Other									
Was a chemical/bacteriological sample submitted to Department? Yes No 🛪									
5 TYPE OF BLANK CASING USED:									
Steel RMP (SR) Wrought Fiberglass Other (Specify below) ABS Concrete Tile									
Blank casing diameter in. Was casing pulled? Yes \(\brace{\mathcal{Z}} \) No \(\brace{\mathcal{Z}} \) If yes, how much \(\brace{\mathcal{Z}} \) Casing height above or \(\brace{\text{below}} \) land surface \(\brace{\mathcal{Z}} \) in.									
6 GROUT PLUG MATERIAL: Neat cement Cement Grout Bentonite Other									
Grout Plug Intervals: From 84 ft. to 7 ft., From 7 ft. to 4 ft., From ft. to ft. What is the percet source of possible contemination:									
What is the nearest source of possible contamination: Septic tank Sewer lines Seepage pit Fuel storage Fertilizer storage Run Dff Farm Field									
Watertight sewer lines									
Cess pool Dil Livestock pens Dil well/Gas well How many feet?									
FROM 84		GING MATE	RIALS	FROM	TO	PLUC	GGING I	MATERIALS	
7	7 Bent	onite	+	-					
4	o Comp		Ly & Topsoil						
	_								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12~31~21 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. (a/23 . This Water Well Record was completed on (mo/day/year) 1~5~22 under the business name of Record Pump 4 Supply by (signature)									
Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html Telephone 785-296-5524.									
			KSA8	32a-1212]	Revised 1/20/2015	