				WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212	ID NO. MW/	
1 LOCATION OF WATER WELL:				Fraction	Section Number	Township Num	ber Range Number	
Со	unty: 5	erman	,	SW4 SW 14 NW4	30	08	37 €€€	
			nearest town or	city street address of well if loc				
				Enterprise Ro	1, Goodland			
2	WATER	R WELL OWN	_	e Gil Co				
		. Address, Bote, ZIP Code		~ 446 LICS 67101	Board of Agriculture Application Number	e, Division of Water Re	sources	
3	MARK	WELL'S LOC	ATION WITH		2.25 ft.			
	AN "X" IN SECTION BOX:			WELL'S STATIC WATER LEVEL 186 ft.				
		N		WELL WAS USED AS:				
						0.5		
	NW I	'	— NE ——	1 Domestic 2 Irrigation	5 Public Water Supply6 Oil Field Water Supply		vatering nitoring Well	
w	x		E	3 Feedlot 4 Industrial	7 Domestic (Lawn & G 8 Air Conditioning	iarden) 11 Inje	ction Well	
••				4 industrial	6 Air Conditioning	12 Ott	er	
Was a chemical / bacteriological sample submitted to Department? Yes					No			
					•••••			
		S		Water Well Disinfected: Ye	es No			
5	TYPE OF BLANK CASING USED:							
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)							
2 PVC 4 ABS 6 Asbestos-Cernent 8 Concrete Tile								
			ter 2 in. e or below and si	Was casing pulled?		If yes, ho	w much	
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other								
		lug Intervals		-	, Fromtt. to	o It., From	n to ft.	
		eptic tank	source of possible	6 Seepage pit	11 Fuel storage	(DOthor	(specify below)	
2 S		Sewer lines		7 Pit privy	12 Fertilizer storage		S.7	
		atertight sew iteral lines		8 Sewage lagoon9 Feedyard	13 Insecticide storage14 Abandoned water v			
		ess pool		10 Livestock pens	15 Oil well/Gas well			
Direction from well?								
FROM TO PLUGGING MATERIALS								
	0 225 20-309		o solid benfonite erout, easing but 4 below grade					
			Slurry	prout lasing lut				
			off 3 f	4 below grade				
_			<u> </u>					
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and wa							on and was completed on nowledge and belief. Kansas	
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was (mo/day/year) and this record is true to the best of my knowledge an Water Well Contractor's License No. This Water Well Record was completed of under the business name of Contractor Contractor.							completed on (mo/day/year)	
	by (sig	nature)	under th	e business name of	ansa samaa yala	7.M.J		
INI			23 /	l point pen. <u>Please press fir</u>				
				sas Department of Health a				
	St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.							