- 3		r*	WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.				
1 LOCA	TION OF WAT	ER WELL:	Fraction	Section N	Jumber To	wnship Number	Flange Number
	herman		SW 1/4 NW 1/4 SW 1/4	20		8	39 EW
Distance and direction from nearest town or city street address of well if located within city?							
421 E. 17th St. (The Corner gas station) Goodland							
2 WATER WELL OWNER: Bill Bishop 103 Eastmoor Dr City, State, ZIP Code: McPherson, KS 67460 Board of Agriculture, Division of Water Resources Application Number:							
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 202.22 WELL'S STATIC WATER LEVEL ft.							
W SW SE			WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply				
Water Well Dis nfected: Yes 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							
Blank casing diameter							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 2 Sentonite 4 Other							
Grout Plug Intervals: From 3 ft. to 209.85 ft., From ft. to ft. ft. from ft.							
1	s the nearest : Septic tank	source of possible	e contamination: 6 Seepage pit	44 Curl stor			
2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool			7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	12 Fertilizer 13 Insecticio 14 Abandon	1 Fuel storage 16 Other (specify below) 2 Fertilizer storage 3 Insecticide storage 4 Abandoned water well 5 Oll well/Gas well		
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	T	T		19e17	·	•	
FROM	TO	ļ	UGGING MATERIALS				
0 =	0.5	cement					
0.5	3	native soil		-			
3	209.85	bentonite gro	ut			*	
	ļ	,					
					•		
Water 2/13	"RACTOR'S ay/year)2/ Well Contracto 3/13 gnature)	or's License No under th	ER'S CERTIFICATION: This 735 te business name of MILC	O Environmental 5	cord is true to th This Water We Services, Inc	e best of my knowle ell Record was comp	edge and beliet: Kansas pleted on (mo/day/year)
CONTONION OF	ond tob mide	ypewriter or ball e copies to Kan	l point pen. <u>Please press fir</u> sas Department of Health a 367. Telephone: 785/296-55	mly and print clea	arly. Please fill	in blanks, underlin	e or circ e the correct