W A	ATER WELL PLUGGING RE	CORD Form WWC	-5P KSA 82a-1	212 ID NO		
1	LOCATION OF WATER WELL: County: Thomas	Fraction SE 1/4 SE 1/4 NE1/	Section Number	Township Number	Range Number	
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER; Frank W Howard Testamentary Trust RR#, St. Address, Box #: City, State ZIP Code: Ookky, ILS Le7748  Global Positioning Systems (decimal degrees, min. of 4 digits Latitude: Longitude: Elevation: Datum: Data Collection Method:						
<u>L</u>	Frank W Howard Testamentary Truck		Latitude:			
	RR#. St. Address. Box #:		Longitude:			
	854 (	856 County Rolaso		Elevation:		
	City, State ZIP Code: Ookky, K5 (27748 Datum: Data Collection Method:					
Data Collection Method:				od:		
3	MARK WELL'S LOCATION 4 DEPTH OF WELL 188 ft.					
	WITH AN "X" IN SECTION		4 8 27			
	BOX:	WELL'S STATIC WA	STATIC WATER LEVELft			
	N	WELL WAS USED AS:				
	NW NE Domestic 5 Public Water Supply 9 Dewa				tering	
**		2 Irrigation	6 Oil Field Water Su	pply 10 Monit		
W	E	3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well				
	SW SE 4 Industrial 8 Air Conditioning 12 Other					
	Was a chemical/bacteriological sample submitted to Department? YesNo					
	was a chemical/bacteriological sample submitted to Department? YesNoX					
5 TYPE OF BLANK CASING USED:						
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)					
	2PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
	Blank casing diameter in.	Was casing pulled? Yes	No <u> </u>	es, how much	The state of the s	
	Blank casing diameter in. Was casing pulled? Yes No If yes, how much Casing height above or belowland surface   08   (9 ii).					
Grout Plug Intervals: From \( \frac{45}{5} \) ft. to \( \frac{9}{5} \) ft., From \( \frac{1}{5} \) ft. to \( \frac{1}{5} \) ft. to \( \frac{1}{5} \) ft. The septic tank formula in the						
ĺ	3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage					
	4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well?					
	5 Cess pool					
	FROM TO PLUGO	ING MATERIALS	FROM TO	PLUGGING MA	TEDIALC	
	\$	<u> </u>	rkow 10	TLUGGING WA	TEKIALS	
	188 95 Washed	117				
	9 O Compacted Clay + lopsoil					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline 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. Visit us at http://www.kdheks.gov/geo/waterwells.						