Form WWC-5P

KSA 82a-1212 MW #4

1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number
county: Douglas			5E 1/4NE 1/4NE 1/4	35	125	391
Distance a	and directi	ion from nea	rest town or city stree	t address of well if	located within city?	
2 WATER WELL OWNER SINCLAIC OIL CORPORATION						
2 WATER WELL OWNER: Sinclair Oil Corporation RR#, St. Address, Box #: PO BOX 30825 Board of Agriculture, Division of Water Resources City, State, ZIP Code: Satt Lake City, WTAH 84 1836 cation Number:						
3 MARK WE	LL'S LOCAT	TION WITH	WELL'S STATIC WATER LEVEL			
			WELL WAS USED AS:		•	
N N	w	N   EX	1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial	7 Lawn and Garden	Supply 10 Monitorin Only 11 Injection	g Well Well
s	w	S E	Was a chemical/bact If yes, mo/day/yr s	eriological sample s ample was submitted.	ubmitted to Departmen	t? YesNo
Water Well Disinfected: 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-Cement 8 Concrete Tile						
Blank casing diameterin. Was casing pulled? Yes No If yes, how much						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other						
What is the nearest source of possible contamination:						
1 Septic tank 6 Seepage pit 2 Sewer lines 7 Pit privy 12 Fertilizer storage 16 Other (specify below)						
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well? Southeast How many feet?						
FROM	ТО	PL	UGGING MATERIALS			,
0	द्र '	Bent	onite	F	RECEIV	
					AUG 1 0 1999	
					дос 1 0 1377	
					W BOAL EN	• 1
					4 7000000000000000000000000000000000000	
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 hall point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle.						

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.