| | | WATER WELL PLUGG | ING RECORD | Form WWC-5P | KSA 82a-1212 | ID NO | | |
|------|--|----------------------------------|-------------------------------|-------------------------------------|-------------------------------|--------------------------|--------------|--|
| 1 | LOCATION OF WATER WELL | .: Fraction | Section | Number | Township Num | ber Range | Number | |
| | unty: SENGWICK | SI'M SE MSE W | | 29 | 26 | | 1 EM | |
| Dist | tance and direction from nearest t | own or city street address of we | Il if located within c | ity? | | | | |
| | 3801 1 | 4. Broadway | Wich | la Ks | | MW | A Z | |
| 2 | WATER WELLOWNER: K | 144 £ UZ-08 | 7-12072 | _ | | | | |
| | RR #, St. Address, Box #: / | 000 SW Jackson | -∕ Boa | | e, Division of Water Re r: | esources | | |
| 3 | IN THE VIELES ESSAINSE WITH | | | | | | | |
| | AN "X" IN SECTION BOX: | WELL'S STATIC | WATER LEVEL | 1,60 ft. | | | | |
| [| N I I | WELL WAS USE | D AS: | | | | | |
| | NW NE - | 1 Domestic | 5 Pub | ic Water Supply | Q. Do | watering | | |
| | NE — | 2 Irrigation | | ield Water Supp | | nitoring Well | | |
| w | | 3 Feedlot E 4 Industrial | | nestic (Lawn & G Conditioning | | ction Well ner | | |
| '' | | 4 mousinai | 6 All C | Conditioning | 12 00 | er | | |
| | swsE | | | | epartment? Yes | No | | |
| | If yes, mo/day/yr sample was submitted | | | | | | | |
| L | S | X Water Well Disinfecte | ed: Yes N | lo | | | | |
| | | | | | | | | |
| 5 | TYPE OF BLANK CASING US | SEU: | | | | | | |
| | 1 Steel 3 RMP (SR) PVC 4 ABS | <u> </u> | Fiberglass 9 of Concrete Tile | Other (Specify b | elow) | | | |
| | Blank casing diameter2 | | led? Yes4 | | If yes, ho | | | |
| 6 | GROUT PLUG MATERIAL: | 1 Neat cement 2 Ceme | ent grout 🔞 Be | entonite 4 (| OtherTops | ?. »/ | | |
| | Grout Plug Intervals: | From ft. to | ft., From | 20 ft. to | o ft., Fror | n to | o @ f | |
| | What is the nearest source of | possible contamination: | | | | | | |
| | 1 Septic tank | 6 Seepage pit | 11 Fu | 11 Fuel storage | | 16 Other (specify below) | | |
| | 2 Sewer lines | 7 Pit privy | | 12 Fertilizer storage | | | | |
| | Watertight sewer lines4 Lateral lines | 8 Sewage lagoon 9 Feedyard | | ecticide storage andoned water v | | | | |
| | 5 Cess pool | 10 Livestock pens | | well/Gas well | | | | |
| | Direction from well? | not the How | many feet? | 181 | | | | |
| ı | FROM TO | PLUGGING MATERIALS | | | | | | |
| | 20 / B. | estant 3/8" | | | | | | |
| | 1 0 70 | 1xton,11 3/8" | | | | | | |
| | | 92011 | | | | | | |
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| | | | | | | | | |
| | | | 1 | | | | | |
| | | | | | | | | |
| | | DOWNERS CERTIFICATION | | المستعددة المستعددة | فالمالية المامون | ion and was see | malatad as | |
| 7 | (mo/day/year) / A / / | DOWNER'S CERTIFICATION | and t | nis record is tru- | e to the best of my ki | nowledge and bel | lief. Kansas | |
| | Water Well Contractor's License | 9 No5.75 | | This Wa | iter Well Record was | completed on (m | o/day/year) | |

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, 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.