				'	WATER WELL PLUGGING R	ECORD F	orm WWC-5P	KSA 82a-	1212 ID N	10		
1	1 LOCATION OF WATER WELL:				Fraction	Section	Number	Township	Number	Range	Numbe	÷r
County: SEDEWICK					SEY SEYSE 14	2	- 9	2	6		1 0	٧﴿
Dist	ance and	direction from	n nearest town	or cit	ty street address of well if loc		•					
<u> </u>		38	01 H		Broadway M	richita	_, K,			M	W# [	<u>3</u>
2	WATE	R WELL OW	NER: KD	H F	E UZ-087- W Jacksar Sti	12071	2					
		St. Address, Bate, ZIP Code	OUX #.		K 66612-136	DOA	rd of Agriculture ication Number	e, Division of \ r:	Water Resource	ces		
3 MARK WELL'S LOCATION WITH					4 DEPTH OF WELL	20	ft.					
	AN "X	' IN SECTIOI N	N BOX:		WELL'S STATIC WATE	R LEVEL <b>/</b> ./.	<i>6.5.</i> . ft.					
l					WELL WAS USED AS:							
	NV	v——	I NE		1 Domestic	5 Public	Water Supply		9 Dewateri	ina		
	Ï		Ī		2 Irrigation	6 Oil Fi	eld Water Supp	ly	Monitorir	ng Well		
w -				E	<ul><li>3 Feedlot</li><li>4 Industrial</li></ul>		estic (Lawn & Go Conditioning	arden)	11 Injection 12 Other			
	İ				Was a chemical / hacteriolo	nical cample	submitted to De	nartment? Ve		No		
	sv	v — † —	SE		Was a chemical / bacteriological sample submitted to Department? Yes							
					Water Well Disinfected: Ye	s No	·					
		S										
5	TYPE	OF BLANK C	ASING USED:									
	1 Stee 2 PV			Wrot	ught 7 Fibergla estos-Cement 8 Concre		ther (Specify be					
	Blank	casing diame	eterZ ir	۱.	Was casing pulled?	Yes			yes, how mu			
1					ace				1/ /	1 0-	<del>, ,</del>	
6										ጁ.አ o		
			source of poss			110111		, IC	, 110iii <b>.</b>		) <del></del>	٠ ١
1 Septic tank					6 Seepage pit	11 Fuel	11 Fuel storage 16 Othe			(specify below)		
<ol> <li>Sewer lines</li> <li>Vatertight sewer lines</li> </ol>				7 Pit privy 8 Sewage lagoon		12 Fertilizer storage				•••••		
4 Lateral lines				9 Feedyard	14 Abandoned water well							
		ess pool		1	10 Livestock pens		vell/Gas well					
	Direct	ion from well?	W 55	7	How many	feet?	<u> </u>					
FROM TO PL		PLU	GGING MATERIALS									
7	20	.5	Bin	16	~it, 3/8"							
	. 5	0	4	1.1	1 Patch							
	, ,		11 361	74.17	1 47Ch							
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my juris										nd was cor	npleted o	חנ
(mo/day/year)										age and bei leted on (m	iet. Kansa o/day/yea	is ir)
by (signature) under the					business name of	KF.S.L	rei.Mang.S.	ELUKE	FAL			
10.00			NEIW	<i></i>								
					oint pen. <u>Please press firr</u> s Department of Health ar							
St.,	Ste. 420	), Topeka, K	ansas 66612	-136	7. Telephone: 785/296-55	22. Send on	e to Water We	ell Owner ar	d retain one	for your re	cords.	•