w		orm WWC-5P KSA	82a-1212	ID NO.			1
1	TO STATE OF THE TAX TO	raction SE ¼ NE ¼ SE		tion Number	Township Number	· ·	1
	Distance and direction from nearest town 5615 N. Broadway, Wichita				26 ?	1	
2	WATER WELL OWNER: Wilko Paints RR#, St. Address, Box #: 5615 N. Broad City, State, ZIP Code: Wichita, KS 6	Global Positioning System (decimal degrees, min. of 4 digits) Latitude: Longitude: Elevation: Datum: Data Collection Method:				-	
3	MARK WELL'S LOCATION	4 DEPTH OF WELL		15 ft.			
	WITH AN "X" IN SECTION BOX:	MELL'S STATIC M	WELL'S STATIC WATER LEVEL 14 ft WELL WAS USED AS:				
	W NE E	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	6 Oil Fiel	Water Supply d Water Supp tic (Lawn & G iditioning		ing	
	s	Was a chemical/ba	acteriologica	al sample sub	 mitted to Department	? Yes No_ <b>X</b>	Ī
5	TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrou	ught 7 Fiberglass 9 Other (Specify below)					
	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 diameter 2 in. Was Casing height above or below land surface	casing pulled? Yes X	No	If yes, how m	uch All		
6		cement 2 Cement	grout	3 Bentonite	4 Other Soil		
	Grout Plug Intervals: From 15 ft	. to <b>3</b> ft., Fr	om 3	ft. to	0 ft., From	to ft.	
	What is the nearest source of possible contamination:  1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage						
	3 Watertight sewer lines 8 Sewage lag 4 Lateral lines 9 Feedyard 5 Cess pool 10 Livestock	goon 13 Insecticid 14 Abandone	de storage ned water well				
		MATERIALS	FROM	TO	PLUGGING MA	TERIALS	
-		ve Soil Bentonite					$\frac{1}{2}$
-							+
							1
L							-
cor	CONTRACTOR'S OR LANDOWNER'S CE mpleted on (mo/day/year) 08/29/0 ell Contractor's License No. 531	of and this reco	rd is true to	the best of m	der my jurisdiction any knowledge and beli (mo/day/year) <b>10</b> /	ef. Kansas Water	
	siness name  Geotechnical Services, Ir		( )	$\cap$	(morday/year)	under th	
NS	STRUCTIONS: Please fill in blanks or circl	le the correct answers.	Send top th	ree copies to	Kansas Department	of Health and	1
Ξn۱	vironment, Bureau of Water, Geology Sect 5/296-5522. Send one to Water Well Owne	ion, 1000 SW Jackson S	St., Ste. 420	), Topeka, Ka	nsas 66612-1367.  Te	elephone:	
0	SIZUU-UUZZ. UURIU URIE IU YVAIEL YVER UWRE	er and retain one for you	ar records.	visit us at ntt	J.//WWW.KaneKS.goV/N	vaterwell.	1