W	ATER WELL PLUGGING RECORD Form WW	C-5P KSA 82a-1212 ID NO.	
1	LOCATION OF WATER WELL: Fraction	Section Number Township Number Range Number	
	County: SEDGWICK NW 1/4 SW 1/4 NE	14 31 1265 RIEE	
	Distance and direction from nearest town or city street address of	well if located within city?	
	WATER WELL OWNER: Georgia Englett RR#, St. Address, Box #: 1710 W 34th St. N	1. 34th St. N Wichita KS	
2	WATER WELL OWNER: Georgia Englett	Global Positioning Systems (decimal degrees, min. of 4 digi	
	RR#, St. Address, Box #: 1710 W 34" St. N	Latitude:	
	City, State ZIP Code: Wichita KS	Elevation:	
	67204	Datum: Data Collection Method:	
3	MARK WELL'S LOCATION 4 DEPTH OF WELL	<u>기</u> ft.	
	WITH AN "X" IN SECTION	ATTER COURT AS A	
	BOX: WELL'S STATIC W	ATER LEVEL / 3 ft	
	WELL WAS USED	AS:	
	NW NE 1 Domestic	6 D. H. W G I	
	1 Domestic 2 Irrigation	5 Public Water Supply 9 Dewatering 6 Oil Field Water Supply 10 Monitoring	
- W	E 2 Imgaton 3 Feedlot	Domestic (Lawn & Garden) 11 Injection Well	
	sw se d Industrial	8 Air Conditioning 12 Other	
		riological sample submitted to Department? YesNo ×	
	S TYPE OF DEANY CASING USED:		
5	TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)		
		ncrete Tile	
	Blank casing diameter 1 4 in. Was casing pulled? Yes No x If yes, how much		
	Casing height above or below land surface in.		
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals: Fromft. toft., Fromft. toft., Fromtoft. 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		
	ewer lines 7 Pit privy 12 Fertilizer storage Well was about of a lines 8 Sewage lagoon 13 Insecticide storage		
		ed water well Direction from well?	
	5 Cess pool 10 Livestock pens 15 Oil well/	Gas well How many feet?	
	FROM TO PLUGGING MATERIALS	FROM TO PLUGGING MATERIALS	
	24 1 Bentmile Heach		
		RECEIVED	
İ		DEC 18 2009	
		BUREAU OF WATER	
		20112100111111	
con	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION mpleted on (mo/day/year) 12 11 10 and this record contractor's License No. 12 9 This Water Well R siness name of 1 m E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rd is true to the best of my knowledge and belief. Kansas Wecord was completed on (mo/day/year) 12/16 105 under	
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.			