| 1 | WATER WELL PLU | JGGING RECORD | Form | WC-SP | KSA 82e-1212 | ID No. | A5-9 |
|---|-------------------------|---|-------------------------------|--|--|---|----------------------|
| 1 LOCAT | ION OF WATER WE | L: Fraction | | And the second s | Section Number | Township Number | Range Number |
| County: | Sedgwick | NW 1/4 | NW 1 | NW 1/4 | 21 | 26 | 1E |
| | | nearest town or city | | the state of the s | 4 | <u> </u> | |
| | | Waily's Auto, 536 | | | | | |
| | WELL OWNER: Ro | | | | | | |
| | Address, Box # 565 | | | | | of Agriculture, Division | n of Water Resources |
| City, State | e, ZIP Code : Wid | nita. KS 67219 | | | The state of the s | ation Number: | |
| 3 "X" IN S | WELL'S LOCATON V | 4 DEPTH | OF WELL | 25.5 | ft. | | |
| x | N | | | | | | |
| WELL'S STATIC WATER LEVEL 14.4 ft. | | | | | | | |
| WELL WAS USED AS: | | | | | | | |
| | NW NE | | | | | | |
| | | 1 1 | Domestic | | lic Water Supply | 9 Dewateri 10 Monitorir | - |
| w | | _ | Irrigation Feedlot | | fleid Water Supply n and Garden (domesti | \bigcirc | - |
| | | | t Industrial | | Conditioning | 12 Other _ | |
| | sw se | | | | - | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted | | | | | | | |
| | | 117 yes, mo/d | ayiyi sambidi Shirifartadi | Yes | Ma | | |
| | S | ANTIGE AAGII | Maintecreo. | 100 | 100 | | |
| _ | OF BLANK CASING L | | | | | | |
| | | , | | 7 Fiberglass 8 Concrete 1 | | pecify below) | |
| Biank ca | 2 4 ABC |) In Was cas | no nulled? | Yes x M | n If was how m | uch 3f | eet |
| | | | | | | | |
| Casing height above or below land surface in. | | | | | | | |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3) Dentance 4 Other | | | | | | | |
| Grout Plug Intervals From ft. to ft. From ft. to ft. | | | | | | | |
| | | | | | | | |
| What is | s the nearest source of | of possible contamina | don: | | | | |
| 1 Septic tank | | 6 Seepage pit | 6 Seepage pit (11) | | storaçe | 16 Other (specify b | o si aw) |
| 2 Sewer lines | | 7 Pit privy | 7 Pit privy 12 | | zer storaga | *************************************** | |
| 3 Watertight sewer lines | | 8 Sewage lag | 8 Sewage lagoon | | de storage | | |
| 4 Lateral lines | | 9 Feedyard | eedyard 14 Abs~c | | llew rotew bench | | |
| 5 Ce | es Pool | 10 Livestock pe | វាន់ | 15 Oll we | IIV Clas well | | |
| Direction from well? How many fest? | | | | | | | |
| | | | | | | | |
| FROM | 3 | Native mater | | MAIERIALS | and the state of t | | |
| 0 | · | mative mater | - | ************************************** | | | |
| 3 | 25.5 | | Benton | ite chips | | | |
| | | | | - | | | |
| | | | | | | | |
| | | | | | | | |
| | | | ********* | | California programma della Laborata della Laborata della Laborata della California della Ca | | |
| | | Add And Add Add Add Add Add Add Add Add | 4 T A. P STORE - Co 1000 - Co | and the second s | e region | | |
| 7 | | | | and the second section of the section o | No. 1 basin more than the second | | + |
| | | | | | . +- | ly jurisdiction and was o | ' |
| on (mo/day/yr) 10/28/14 and this record is true to the best of my knowledge and belief. Kansas | | | | | | | |
| Wate | er Weli Contractor: | | | | | Record was completed | |
| | | under the | business ne | ime of White | Bluestem | Environmental Engineering | Inc. |
| - | (signature) | | | | | | |
| INST | RUCTIONS: Pleas | se fill in blanks and | circle the | correct answe | is. Send three cop | ies to Kansas Depart | ment of Health and |
| Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topaka, Kansas 68620-0001. Telephone: 785-296-3585. Send one to Water Well Owner and retain one for your records. | | | | | | | |
| 20110 | AVE IO LARIOL AAOI | CHING! AND GER!! | Chip Wi AO | 21 1 Com Co. | - | · · · · · · · · · · · · · · · · · · · | |