WATER W	ELL PLU	GGING F	RECORD	Form	ww	C- 5 P	KSA 82	a-1212 ID NO.	SV-2
1 LOCATIO	N OF WATE		Fraction	***************************************		Section	Number	Township Number	
County: S Street/Rural		ell Location;	if unknown, di		NW 1/2	Global Po	sitioning S	T 26 S Systems (GPS) infor	1 VE W
direction from nearest town or intersection: If at owner's address, Latitude: 37.748350° (in decimal degrees)									
check here 3600 N. Santa Fe, Wichita, KS 67219 Longitude: -97.329829° (in decimal degrees) Elevation: 1321									
						Datum:	WG	S84, 🗸 NAD83	, □ NAD27
			Б. О.			Collection		e/Model:	
2 WATER WELL OWNER: Love Box Company RR#, St. Address, Box #: 3600 N Santa Fe GPS unit (Make/Model:									
RR#, St. Address, Box #: 3600 N. Santa Fe City, State ZIP Code: Wichita, KS 67219 Est. Accuracy: St. Accuracy: 3500 N. Santa 1000									
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 9 WELL WAS USED AS: Domestic Irrigation Feedlot Public Water Supply Oil Field Water Supply Domestic (Lawn & Garden) Injection Well									
Sw SE Industrial Air Conditioning Other Remediation									
Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ✓									
5 TYPE OF BLANK CASING USED:									
Steel RMP (SR) Wrought Fiberglass Other (Specify below) Asbestos-Cement Concrete Tile Blank casing diameter 4 in. Was casing pulled? Yes No If yes, how much 3 feet Casing height above or below land surface in.									
GROUT P	LUG MATI	ERIAL:	Neat cem	ent \square	Cemer	nt grout	✓ Benton	nite Other	
Grout Plug	Intervals:	From3	ft. to _	22_ ft.,	Fro	m	_ ft. to _	ft., From	toft.
What is the nearest source of possible contamination: Septic tank Seepage pit Sewer lines Pit privy Fertilizer storage Other (specify below)									
Watertight sewer lines Lateral lines Cess pool Sewage lagoon Feedyard Livestock pens Oil well/Gas well Direction from well? How many feet?									
					JII WEII	****			
FROM	ТО	PLUC	GGING MAT	ERIALS		FROM	TO	PLUGGING	G MATERIALS
0	3	Native Soil							
3		Bentonite	METERS OF THE SECOND SE			***************************************			
				N. O.L.					
CONTRAC ompleted on (Vell Contractor usiness name of	mo/day/year) r's License N) <u>11/03/20</u> Jo. <u>708</u>	16	and th	is reco	rd is true	to the best completed o		my jurisdiction and was nd belief. Kansas Water /10/2016 under the
NSTRUCTIO	NS: Use typ . Send top the . 420, Topek	newriter or b nree copies t a, Kansas 66	to Kansas Dep 6612-1367. T	partment of Celephone:	of Healt : 785/2	nly and pri	nt clearly.	Please fill in blanks,	underline Edicid WED blogy Section, 1000 SW and retain one for your 17
						Check or	ne:	White Copy B	lue Copy Pink Copy/

