WATER WI	ELL PLUGGING RECORD	Form WWC-5P	KSPECEIVED
1 LOCATION OF WATER WELL: County: 50 Ed (411) 10 K	Fraction Sw	Section Number	r Pavrship Number Range Number 1999
Distance and direction from near 2049 BREA	itwood	t address of well	if located within city?
2 WATER WELL OWNER: DENN, RR#, St. Address, Box #: 204 City, State, ZIP Code : Wic	IG BRENTWOOD		
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL WELL'S STATIC WAT		
N	WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water 6 Oil Field Wat Clawn and Gard 8 Air Condition	er Supply 10 Monitoring Well en Onto: 11 Injection Well
S W S E		ample was submitt	e submitted to Department? YesNo ed
5 TYPE OF BLANK CASING USED:			
Steel 3 RMP (SR) 5 Wrot 2 PVC 4 ABS 6 ASb		glass 9 Oth ete Tile	er (specify below)
Blank casing diameter Casing height above or below	in. Was casing land surface	pulled? Yes	. No.X If yes, how much
6 GROUT PLUG MATERIAL: 1 Neat	cement 2 Cement gro	ut 3 Bentonite	4 Other
Grout Plug Intervals: From	nft. toft	., Fromft.	toft., From toft.
What is the nearest source of	f possible contamination	n:	
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool		11 Fuel storage 12 Fertilizer st 13 Insecticide s 14 Abandoned wat 15 Oil well/Gas	torage er well
Direction from well?		How many feet? .	
	JGGING MATERIALS		
80 3 BEN	TOWITE GROW	J	
3 0 CON	TONITE GROW		
		_	
7 CONTRACTOR'S OR LANDOWNER'S on (mo/day/year)	CERTIFICATION: This wate and this reconse No under the business nam	This Water W e of	d under my jurisdiction and was completed best of my knowledge and belief. Kansas ell Record was completed on (mo/day/year)
INSTRUCTIONS: Use typewriter or the correct answers. Send top three 66620-0001. Telephone: 785/296-3	copies to Kansas Departm	nent of Health and I	clearly. Please fill in blanks, underline or circle Environment, Bureau of Water, Topeka, Kansas ain one for your records.