MW-18	WATER WELL P	LUGGING RECORD	Form WWC-5P	KSA 82a-1212	211	1007
1 LOCATION OF WATER W	ÆLL: Fra	ction	Section Number	Township I	lumber	Range Number
County: Sedawi	ick Nu	1/4NE1/4NW1/4	30	27		IE
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: Friends University						
RR#, St. Address, Box #: 2100 University Board of Agriculture, Division of Water Resources City, State, ZIP Code: Wichita KS 67273 Application Number:						
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft.						
AN "X" IN SECTION E	BOX:	WELL'S STATIC WATE	ER LEVEL1.3.29	<b>?</b> .ft.		
X		WELL WAS USED AS:				
N W	-N E	1 Domestic	5 Public Water Sup	ply 9 De	watering	
		2 Irrigation 3 Feedlot			nitoring njection W	
W	E	4 Industrial	8 Air Conditioning		her	
S W	-S E W	as a chemical/bacto	eriological sample s	ubmitted to Da	nartment?	ves ux
3 1	-5 E   W	f yes, mo/day/yr sa	ample was submitted.		par tillerit:	res
	w	ater Well Disinfect	ed: YesNo	<b>(</b>		
S						
5 TYPE OF BLANK CASIN	NG USED:					
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						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: From. Z.ft. toft., Fromft. toft., From toft.						
What is the nearest source of possible contamination:						
1 Septic tank			11 Fuel storage		her (spec	ify below)
2 Sewer lines 3 Watertight sewe	7P erlines 8S		12 Fertilizer stora 13 Insecticide stora		• • • • • • • • • • • • • • • • • • • •	••••••
4 Lateral lines 5 Cess Pool	9 F	eedyard ivestock pens	14 Abandoned water 1 15 Oil well/Gas wel	well		
Direction from well? How many feet?						
FROM TO	PLUGGIN	G MATERIALS				
07	Soil					
2 20 -	Bo t	anit.				
2 20	LKAM	SILLE	_			
CONTRACTOR'S OR LANDOUNDR'S FERT FICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
Water Hell Contractor's License No						
by (signature)	····//	Companies Halle	111 fin			14 (A 41 00 CO.) . A4
INSTRUCTIONS: Use typ	pewriter or ball p	oint pen. Please pres	s firmly and print clear	rly. Please fill in	blanks, ur	nderline or circle
the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.						
' Yell Owner and retain one to water went Owner and retain one to your records.						