25T-3	WATER WEL	L PLUGGING RECORD	Form WWC-5P	(SA 828-1212 191105	39/2011055
1 LOCATION OF WATER W	ELL:	Fraction	Section Number	Township Number	Range Number
County: Soda		E1/4 NE1/4 NE1/4	34	27	IE
Distance and direction from neares; town or city street address of well if located within city?					
1759 S. Hill Side, Wichita					
WATER WELL OWNER: Empress Box # PO BOX 2970 Roard of Agriculture, Division of Water Resources					
RR#, St. Address, Box #: PO BOX 2970 Board of Agriculture, Division of Water Resources City, State, ZIP Code: Wichite KS 67201 Application Number:					
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft.					
WELL'S STATIC WATER LEVEL 19.5ft.					
		WELL WAS USED AS:			
N W	N E Y	1 Domestic	5 Public Water Sup		
		2 Irrigation 3 Feedlot	6 Oil Field Water : 7 Lawn and Garden :	Only 11 Injection	n Well
W	 E	4 Industrial	8 Air Conditioning	12 Other	
S W S E Was a chemical/bacteriological sample submitted to Department? YesN					
If yes, mo/day/yr sample was submitted					
S		Water Well Disinfec	ted: YesNo 🗘	X	
5 TYPE OF BLANK CASING 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 Bentonite 4 Other					
Grout Plug Intervals: FromZ.ft. to 34.5.ft., Fromft. toft., From toft.					
What is the nearest source of possible contamination:					
1 Septic tank		6 Seepage pit	11 Fuel storage		pecify below)
		7 Pit privy 8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage		• • • • • • • • • • • • • • • • • • • •
4 Lateral lines 5 Cess Pool		9 Feedyard O Livestock pens	14 Abandoned water (15 Oil well/Gas wel		
Direction from well? How many feet?					
FROM TO	PLUG	GING MATERIALS			
0 2	Con	10 te.			
7 345	Ben	onite			
		10,000			
					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed					
on (mo/day/year)					
by (signature)					
	$-\infty$	~~~ ···	· · · · ·		· · · · · · · · · · · · · · · · · · ·

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.