| | | WATER WELL PLUGGING RECO | ORD Form WWC-5P KSA | 182a-1212 IDNO | MW-13 | |
|---|---|--|---|----------------------------|-----------------------|--|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number | |
| 딚 | unty: Sedawick | NW 1/2 NW 1/2 NW/2 | 25 | 275 | 1E | |
| Distance and direction from nearest town or city street address of well if located within city? 4807 East Kellogg | | | | | | |
| 2 | 2 WATER WELL OWNER: BP AMOCO | | | | | |
| | | n,co 80401 | Application Number: | Division of Water Resource | es | |
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL ~ 6 | | | | | |
| | WELL'S STATIC WATER LEVEL | | | | | |
| WELL WAS USED AS: | | | | | | |
| | N W N E | 1 Domestic | 5 Public Water Supp | | • | |
| w | _ / / _ | 2 Irrigation 3 Feedlot | 6 Oil Field Water Su7 Domestic (Lawn & | Garden) 11 Injecti | oring Well on Well | |
| " | E | 4 Industrial | 8 Air Conditioning | | | |
| | Was a chemical / bacteriological sample submitted to Department? Yes | | | | | |
| Water Well Disinfected: Yes No | | | | | | |
| _ | S To the state of | | | | | |
| 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 diameterin. Was casing pulled? Yes | | | | | |
| 6 | GROUT PLUG MATERIAL: & Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | |
| ٢ | Grout Plug Intervals: From 70 ft. to 3 ft., From 3 ft. to 6 ft., From to ft. | | | | | |
| | What is the nearest source of possible contamination: | | | | | |
| 1 Septic tank 2 Sewer lines | | Seepage pit Pit privy | 11 Fuel storage12 Fertilizer storag | 16 Other (sp | - ' | |
| 3 Watertight sewer lines | | 8 Sewage lagoon | 13 Insecticide store | age | | |
| 4 Lateral lines 5 Cess Pool | | 9 Feedyard 10 Livestock pens | 14 Abandoned wate 15 Oil well/Gas wel | | | |
| Direction from well? East How many feet? 150 | | | | | | |
| | | | | | | |
| _ | | GGING MATERIALS | | | • | |
| 21 | | | | | | |
| - | 3 0 Cener | it grout | | | | |
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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed | | | | | | |
| Water Well Contractor's License No. 565 This Water Well Record was completed on (mo/day/year) | | | | | | |
| | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the bitsiness name of by (signature) by (signature) | | | | | |
| IN | | | | | | |
| 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. | | | | | | |