			WAT	ER WELL PLUGGING RECC	ORD F	orm WWC-5P KSA	82a-1212	ID NO		
1 LOCATION OF WATER WELL:			F	Fraction		on Number	Township Number		Range Number	
County: SEDGWICK			SE	4NE 4SE 4		6	Ta	15	RIE	
				street address of well if lo	cated wi	thin city?			1 11 14 .	
1 4	sout	h deta	che	d garage	241	19 Garl	and,	Wic	h.taks	
2 WATER	WATER WELLOWNER: Kenneth German 5607 Cedar St. Board of Agriculture Division of Water Resources									
City, Stat	City, State, ZIP Code: Darago Id, AR 72450 Application Number: Unknown									
	WELL'S LOCA		4							
	N SECTION	BOX.	Г	WELL'S STATIC WATER LEVEL						
				WELL WAS USED AS:						
	'w —	N E		1 Domestic	5	Public Water Supp	lv	9 Dewat	tering	
	ı			2 Irrigation	6	Oil Field Water Sup Domestic (Lawn &	pply		oring Well on Well	
w			:	3 Feedlot4 Industrial		Air Conditioning	- Gardon)	•		
	Was a chemical / bacteriological sample submitted to Department?Yes								NoX	
	ï			yes, mo/day/yr samp						
Water Well Disinfected: Yes X No										
5 TYPE OF BLANK CASING USED:										
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)									
Blank	Blank casing diameter in. Was casing pulled? Yes No If yes, how much									
	Casing height above or below land surface									
	6 GROUT PLUG MATERIAL: 1 Neat cement Cement grout Bentonite 4 Other									
Grout Plug Intervals: From										
What is the nearest source of possib 1 Septic tank				contamination: S Seepage pit	11	Fuel storage	a	Other (sr	pecify below),	
2 Sewer lines			7	Pit privy	12	Fertilizer storage		1-24	Fund	
3 Watertight sewer lines 4 Lateral lines				8 Sewage lagoon9 Feedyard		Insecticide stora Abandoned water				
5 Cess Pool				10 Livestock pens	15	•	ŀ			
Direction from well?										
FROM	ROM TO PLUC		JGGIN	GGING MATERIALS						
3	0	Cen	16	ユ サ						
15	3	Ber	+0	nite						
27	15	San	d	bleach						
	-	, , ,								
7 CONTI	DAGTODIS (OR LANDOW	IEC:0	OFFICION TO STATE OF THE STATE	in wasta	wall was sluces		ingle dietie	n and was sampledad	
on (mo/day/year) 7 19 2 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's hicense No. 6 2 8 This Water Well Record was completed on (mo/day/year) 2 19 2 19 2 19 2 19 2 19 2 19 2 19 2 1										
	nature)									
INCTIDUOTIONIO. He to require a shall relieve to Brown from the and point clearly. Please fill in blanks, underline or circle the correct										

INSTRUCTIONS: Use typewriter or ball point pender <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.