WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212

| ID NO. | _ |
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| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number | | |
|---|---------------------------------------|---|---|--------------|--|--|
| | | | • | | | |
| County: $SEDGWick$ $IW^4 NE^{1/4} NE^{1/4}$ 9 $Z-7$ $I-E$ Distance and direction from nearest town or city street address of well if located within city? | | | | | | |
| 21 st 3 I-35 Wichita Ks MW#70 | | | | | | |
| 2 WATER WELLOWNER: El Paso Enlig | | | | | | |
| RR #, St. Address, Box #: 1/00 E. 2/St St. City, State, ZIP Code : Wichita Ks 672/4 Board of Agriculture, Division of Water Resources Application Number: | | | | | | |
| 3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL | | | | | | |
| AN "X" IN SECTION BOX: | | | | | | |
| | WELL WAS USED AS: | | | | | |
| N W N E | 1 Domestic 2 Irrigation | | 5 Public Water Supply 9 Dewatering 6 Oil Field Water Supply 10 Monitoring Well | | | |
| F | 3 Feedlot | 7 Domestic (Lawn & | Garden) 11 Injectio | on Well | | |
| | | | | | | |
| S WS E Was a chemical / bacteriological sample submitted to Department?Yes No | | | | | | |
| Water Well Disinfected: Yes No | | | | | | |
| S | Water Weir Disinfected. | | | | | |
| 5 TYPE OF BLANK CASING USED: | | | | | | |
| 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) | | | | | | |
| ©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 27. ft. to 6. ft., From ft., | | | | | | |
| What is the nearest source of possible contamination: | | | | | | |
| 1 Septic tank | 6 Seepage pit | 11 Fuel storage | 16 Other (sp | ecify below) | | |
| 2 Sewer lines | 7 Pit privy 8 Sewage lagoon | 12 Fertilizer storage 13 Insecticide stora | | | | |
| 4 Lateral lines 5 Cess Pool | 9 Feedyard 10 Livestock pens | 14 Abandoned wate 15 Oil well/Gas well | | | | |
| Direction from well? | | | | | | |
| | | | | | | |
| | GGING MATERIALS | | | | | |
| 27 6 CEMEN | + Grout | | | | | |
| W/Be | storite | | | | | |
| | | | | | | |
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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) | | | | | | |
| Water Well Contractor's License No. 575 Water Well Record was completed on (mo/day/year) 2.2.2.4.0 by (signature) | | | | | | |
| by (signature) | e business name of | Ч.К.Е.Д | | | | |
| Inth | · · · · · · · · · · · · · · · · · · · | | | | | |
| 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. | | | | | | |

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