			WATER WELL PLUGGING RECO	ORD Form WWC-5P KSA	A 82a-1212 ID NO	
1 LOCAT	ION OF WATER	WELL:	Fraction	Section Number	Township Number	Range Number
County: SEXTWICK			SE" NE " NW"	9	27	1E
			city street address of well if lo	ocated within city?	<u> </u>	1 12
1 .		4	TERLINE OF MASLE		S WICHITA KS	
	WELL OWNER:			'	- , w (C(III))	
RR #, St. City, Stat	Address, Box #: e, ZIP Code :	P.O. BOX 4 WICHITA .	lB220 KANSAS 67201-82	Board of Agriculture, Application Number:	, Division of Water Resourc	es
3 MARK	WELL'S LOCATION BO	HTIWN		20 ft		
- AN A	N SECTION BC	iX:	WELL'S STATIC WATER	LEVEL NA ft.		
N	\ \	N E —	WELL WAS USED AS:	5. Public Water Current	atu O Dawa	aka da a
w		E	2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supp 6 Oil Field Water Su 7 Domestic (Lawn 8 8 Air Conditioning	ipply 10 Monit k Garden) 11 Inject	toring toring Well tion Well r KECOVEKY WELL
s	w —	S E —	Was a chemical / bacter	iological sample submitte	od to Department?Yes	_
L	s		Water Well Disinfected:	Yes No		
5 TYPE	OF BLANK CASI	NG USED:				
① Stee 2 PVC			rought 7 Fiberg		/ below)	
Blank Casing	casing diameter height above o	I.O in. or below land	Was casing pulled?	Yes No	If yes, how r	nuch
LJ	PLUG MATER		et cement 2 Cement gro		Other NATIVE SOLL	
	•		ble contamination:	, From 10. 10.		r
1 Septic tank			6 Seepage pit	11 Fuel storage	(6) Other (s	pecify below)
2 Sewer lines 3 Watertight sewer lines			7 Pit privy 8 Sewage lagoon	12 Fertilizer storag 13 Insecticide stora		ÀWW
4 Lateral lines			9 Feedyard	14 Abandoned water		
	ess Pool	. (A	10 Livestock pens	15 Oil well/Gas wel		
	tion from well?			/ feet? <i>NA</i>		
FROM	то	PLUC	GGING MATERIALS			
0	5'	NATIVE S	DIL			
_5'	20'	BENTONIT	É			
				0,14		
L						
On (mo Water V 5/30	/day/year)자/ Vell Contractor's /03	License No License No License No	ER'S CERTIFICATION: Th	and this record is true This	to the best of my knowle Water Well Record was co	edge and belief. Kansas mpleted on (mo/day/year)
answers.	TIONS: Use ty Send top three	pewriter or ba copies to K	all point pen. <u>Please press f</u> ansas Department of Heal (sterWell Owner and retain o	imly and <u>print</u> clearly. Ple th and Environment, But reformular records	ase fill in blanks, underl reau of Water, Topeka,	line or circle the correct , Kansas 66620-0001.

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