WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-121

| 1 | LOCAT | | R WELL: | Fraction | | Section | Number | Township | Number | Rang | e Nu | mber |
|---|---|--|---|---|--|---|---|--------------------------|--------------------------|------------|------------|-------|
| | ntv: Sr | DGWIG | | 5E ¼ NW | VAGE VA | | 19 | 2 | 75 | | 15 | E/W |
| | | | nearest town or c | ty street add | ress of well if loc | cated within cit | ty? | | | | | |
| e | xteri | or Csou | thside a | f = 1 |) 253 | N. St. | Clair, | Wich | ita. | KS | 672 | 03 |
| 2 | WATER | R WELL OWNE | :R: Joyce | . Hurt | glair | | | | | | | |
| 2 WATER WELL OWNER: RR #, St. Address, Box #: City, State, ZIP Code: | | | | | | | | | | | | |
| 3 | | WELL'S LOCA IN SECTION E N | | 4 DEPTH OF WELL | | | | | | | | |
| w | SW | s | - SE E | 4 Was a che If yes, mo/ | Feedlot Industrial mical / bacteriold day/yr sample w Disinfected: Y | 8 Air Co ogical sample as submitted . | onditioning submitted to De | epartment? Yes | 11 Injection 12 Other | | | |
| 5 | TYPE (| OF BLANK CAS | SING USED: | | | | | | | | | |
| 6 | Casing GROU [®] Grout F What is 1 Se 2 Se | A ABS casing diameter height above of PLUG MATER Plug Intervals: the nearest sc eptic tank ewer lines | 6 Asb r in. or eloy land sur RIAL: 1 Ne From purce of possible | estos-Cemer Was face at cement | casing pulled? | ete Tile . Yes in. out Ser ., From 11 Fue 12 Ferd | I storage iilizer storage |) If Dther If ft., | From | cify below | to | ft. |
| | 3 Watertight sewer lines 4 Lateral lines 5 Cess pool | | | 9 Feedy 10 Livest | | 14 Aba | 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well | | | 4 ~0(• | | |
| | | | | | • | | / | | | | | |
| F | ROM | то | , | JGGING MAT | |] | | | | | | |
| | | | | | | | | | | | | |
| | 3 | 0 | Bent | 01 | | | | | | | | |
| | 16 | 3 | 5mt | <u>m. +e</u> | | | | | | | | |
| | 2.6 | 16 | 20000 | 64 | | | | | | | | |
| 7 | (mo/da Water V | y/year)7 | F LANDOWNE 9 0.3 License No 3 under the | ····· | | and thi | is record is true | e to the best o | f my knowle | dge and | belief. Ka | ansas |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>Please process 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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. | | | | | | | | | | | | |