		WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID I	NO	
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
Col	unty: SEDGWFCK	5W4 5 = 14 NW14	8	T 27S	R 1 /DW	
Dis	tance and direction from nearest town o	r city street address of well if loc	ated within city?		1 ()	
	basement /2	As on hear	ter 1612 Ja	erneHe M	Vichita	
2	WATER WELL OWNER: "HV	sh Herring toth				
	DD # 01 4 11 D # 74	chitaks 672	Board of Agriculture Application Number	e, Division of Water Resour	rces	
3	MARK WELL'S LOCATION WITH	d DEPTH OF WELL				
	AN "X" IN SECTION BOX:					
		WELL WAS USED AS:	<i>'</i>			
	NW NE	1 Domestic	5 Public Water Supply	9 Dewater	rina	
		2 Irrigation	6 Oil Field Water Supp	ly 10 Monitori	ing Well	
w	X	3 Feedlot 4 Industrial	7 Domestic (Lawn & G. 8 Air Conditioning		n Well	
			· ·		_	
	SW SE Was a chemical / bacteriological sample submitted to Department? Yes					
	If yes, mo/day/yr sample was submitted					
	S	Water Well Disinfected: Ye	es			
	_					
5	TYPE OF BLANK CASING USED:					
	Stee 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
	_					
	Blank casing diameter 2 in. Casing height above or below land s			If yes, how mu	uch	
6						
	•		, Fromft. to	o ft., From	to ft	
	What is the nearest source of possib	_				
	1 Septic tank2 Sewer lines	6 Seepage pit 7 Pit privy	11 Fuel storage12 Fertilizer storage			
3 Watertight sewer lines		8 Sewage lagoon	13 Insecticide storage			
4 Lateral lines 5 Cess pool		9 Feedyard 10 Livestock pens	14 Abandoned water w15 Oil well/Gas well	14 Abandoned water well		
	Λ	•	~ 1			
	Direction from well?	How many	teet?		1	
	FROM TO P	PLUGGING MATERIALS				
	3 8 6	+				
	5 0 0	men v				
	7 3 5	e July of P				
	16 9 Sa	and Islanch				
,	, ,					
7	CONTRACTOR'S OF LANDOWN	R'S CERTIFICATION: This	water well was blunned	under my jurisdiction a	and was completed on	
	(mo/day/year)72		and this record is true	e to the best of my knowle	edge and belief. Kansas	
	Water Well Contractor's License No		This Wat	ter Well Record was com f	pleted on (mo/day/year)	
	by (signature)	Justine of State of S				
INIC	STRUCTIONS: Use typewriter or ba	all point pen. Please grass are	nly Diagray Diagray	ee fill in blanke underlin	ne or circle the correct	
ans	swers. Send top three copies to Kar	in point pent <u>Friease press intr</u> nsas Department of He alth ai	<u>niy</u> a nd pilili deally. Fleas nd Environment. Bureau o	of Water, Geology Section	on, 1000 SW Jackson	
	., Ste. 420, Topeka, Kansas 66612-1	•				