		WATER WELL PLUGGING RECO	DRD Form WWC-5P KSA 82a-1212 ID NO
1 LO	CATION OF WATER WELL:	Fraction	Section Number Township Number Range Numb
County:	SEDGWICK	SE " NE " NW "	9 275 1F
		or city street address of well if lo	
SECUM	RITY OIL, 2010 N M	asley, WICHITA, KS	- SE CORNER OF PROPERTY
	ER WELLOWNER: SECURIT		
RR #, City, S	St. Address, Box #: P.O. BOX tate, ZIP Code : WICHITA	48220 KS 17201-8220	Board of Agriculture, Division of Water Resources Application Number:
3 MAF	RK WELL'S LOCATION WITH X" IN SECTION BOX:	4 DEPTH OF WELL	<i>Q'</i>
	N	WELL'S STATIC WATER	LEVEL
		WELL WAS USED AS:	
	N W — N E —	1 Domestic	5 Public Water Supply 9 Dewatering
		2 Irrigation 3 Feedlot	Oil Field Water Supply Onestic (Lawn & Garden) In Injection Well
l w		4 Industrial	8 Air Conditioning 12 Other
	s w s E		logical sample submitted to Department?Yes
L	s	Water Well Disinfected: You	
5 TYPE	OF BLANK CASING USED:		
 1 Ste	el 3 RMP (SR) 5 W	rought 7 Fibergla	ss 9 Other (Specify below)
2)PV		sbestos-Cement 8 Concrete	
Blank Casin	casing diameter2 in. g height above or below land	Was casing pulled?	Yes No If yes, how much
6 GROU	T PLUG MATERIAL: 1 Ne	eat cement 2 Cement grout	3 Bentonite 4 Other NATIVE SOLL
ا Grout	Plug Intervals: From	1ft. to 20 it.,	-
What	is the nearest source of possi	ble contamination:	
1 Septic tank			11 Fuel storage (6) Other (specify below)
	ewer lines /atertight sewer lines	7 Pit privy8 Sewage lagoon	12 Fertilizer storage FORMELUST
4 La	ateral lines	9 Feedyard	14 Abandoned water well
	ess Pool	10 Livestock pens	15 Oil well/Gas well
Direc	tion from well?	How many fe	et?240'
FROM	TO PLUG	GING MATERIALS	
0	1 NATIVÉ SOIL	8"	
			_
	15 BENTONITE		
15	20 BENTONITE	2	-1 $m\omega 8$
			_ /1000
CONTR	ACTOR'S OR LANDOWNE	R'S CERTIFICATION: This w	그 rater well was plugged under my jurisdiction and was completed
on (mo/	day/year) 7/14/2003	527	and this record is true to the best of my knowledge and belief. Kansas
7/29	1/2003 under the	business name ofGROYOR	E //VC.
by (signa	ature)		
NSTRUCT	IONS: Use typewriter or ball	point pen. Please press firmly	and print clearly. Please fill in blanks, underline or circle the correct
answers. S	end top three copies to Kar	nsas Department of Health a terWell Owner and retain one fo	nd Environment, Bureau of Water, Topeka, Kansas 66620-0001.