			WATER WELL PLUGGING F	RECORD Form WWC-5P	KSA 82a-1212 ID	NO	
1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: SEDGWILK			5W4 5W 14 NE14	7	T275	RI (E)	
Distance and	direction from r	nearest town or	city street address of well if loo				
NE	Lorner	of bas	ement - 182	29 Lisa Lane	, Wichita	, <u>K</u> S	
2 WATER WELL OWNER: Mike Felton							
RR #, St. Address, Box #: City, State, ZIP Code:  N35 Coolide  Board of Agriculture, Division of Water Resources Application Number: White							
1	MARK WELL'S LOCATION WITH		4 DEPTH OF WELL				
AN "X" IN SECTION BOX:			WELL'S STATIC WATER LEVEL				
			WELL WAS USED AS:				
	,	- NE	1 Domestic	5 Public Water Supply	9 Dewate	rina	
			2 Irrigation	6 Oil Field Water Supply 10 Monitoring Well			
W X E			3 Feedlot 4 Industrial	8 Air Conditioning	8 Air Conditioning 11 Injection Well 12 Other		
We ask wind the state of a supply of the state of the sta							
SW SE SE Was a chemical / bacteriological sample submitted to Department? Yes							
Water Well Disinfected: Yes No							
S							
TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)  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							
What is the nearest source of possible contamination:							
Septic tank     Sewer lines					Other (sp	ecity below)	
3 Watertight sewer lines			8 Sewage lagoon	13 Insecticide storage			
4 Lateral lines 5 Cess pool			9 Feedyard 14 Abandoned water well 10 Livestock pens 15 Oil well/Gas well		veli		
Direction from well?							
Direction from well?							
FROM	FROM TO PL		LUGGING MATERIALS				
3			ent				
10	3	Bento	nite				
23	10	Sm	d bleach				
			,				
7 221:-	DA 0705:5	E I ANDAUGO	EDIA OEDTIFICATION				
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
Water Well Contractor's License No							
(mo/day/year)							

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, 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.