				WATER WELL PLUGGING RE	CORD Form WWC-5P	KSA 82a-1212 ID N	0
1	LOCATIO	N OF WATER WEL	.L:	Fraction SE SE NW SW	Section Number	Township Number	Range Number
		.		NEVA SEVA YWW VA	33	T775	RIE EM
		り <u>しいよこと</u> ection from nearest	`	ty street address of well if locat		, , , ,	
1	_	. /			•	neis	
2	WATER V	VELL OWNER:	2158	cirner) ZISB e Wenderhall S. St. Franci	s		
	RR #, St. A City, State,	Address, Box #: ZIP Code :	Wi	chita KS	Application Number	, Division of Water Resourd : M - k	ces
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL				
[N		WELL'S STATIC WATER WELL WAS USED AS:	LEVEL ft.		
				1 Domestic	5 Public Water Supply	9 Dewateri	na
[NE -		2 Irrigation	6 Oil Field Water Supp	ly 10 Monitorin	
w			— E	3 Feedlot4 Industrial	Domestic (Lawn & G 8 Air Conditioning		Well
	sw-	SE		Was a chemical / bacteriologi	cal sample submitted to De	epartment? Yes I	No X
If yes, mo/day/yr sample was submitted							
[<u> </u>	S		Water Well Disinfected: Yes	Ճ №		
5	TYPE OF	BLANK CASING U	SED:				
	1 Steel 2 PVC	3 RMP (SR) 4 ABS	5 Wro 6 Asb	ught 7 Fiberglas estos-Cement 8 Concrete		-	
	Blank cas Casing he	sing diameter eight above or below	in. w land sur	Was casing pulled? facein	Yes No	If yes, how mu	ch 3 -A
6		LUG MATERIAL:		at cement 2 Cement grow		Other	
				5 ft. to 3 ft.,	From ft. to	.5 ft., From	to ft
		e nearest source of	f possible				
1 Septic tank 2 Sewer lines				6 Seepage pit 7 Pit privy	11 Fuel storage12 Fertilizer storage	Other (spe	city below)
3 Watertight sewer lines				8 Sewage lagoon	13 Insecticide storage		in a transmitted
	4 Lateral lines 5 Cess pool			9 Feedyard 10 Livestock pens	14 Abandoned water v 15 Oil well/Gas well	vell	
		from well?		•	eet?		
	T						
			IGGING MATERIALS				
	70			1/			
-	3	9 7	0050	<u>,'J</u>			
	3 5	9 7 3 C	eme	14 nt			
	5	9 7 3 C 5 E	eme Bent	nt onite			
	5 6 2 5	9 7 3 C 5 E 16 S	eme Bent and	i's nt on: fe fbleach			
	1	3 C 5 E 16 S	eme Bent and	i's nt on: fe fbleach			
	1	3 C 5 E 16 S	eme Bent and	i's nt on: fe fbleach			
	CONTRA	CTOR'S OF LAN	IDOWNE	at on, fe /b/each R'S CERTIFICATION: This is business name of a first	water well was plugged	under my jurisdiction a	nd was completed on

INSTRUCTIONS: Use to pewriter or ball point pen. Please press firmly and print 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.