			WATER WE	LL PLUGGING R	ECORD F	Form WWC-5P	KSA 82a-1212 ID N	10		
1 LOCAT	1 LOCATION OF WATER WELL:			Fraction		Number	Township Number	Range	Number	
County: Si	-DGWI	cĸ	SE SE NW NW		S	17	275	R	(a)w	
Distance and direction from nearest town or city street address of well if located within city?										
12	06 N	. PEARCE	WICH	ITA KS	67203					
2 WATER WELL OWNER: LUCILLE MUELLER 6/0 DON MUELLER										
RR #, St. Address, Box #: 1206 PEARCE City, State, ZIP Code : WICHITA, KS 67203 Board of Agriculture, Division of Water Resources Application Number:										
		CATION WITH	4 DEPTH OF WELL 72 ft.							
AN "X"	'IN SECTION N	I BOX:	WELL'S STATIC WATER LEVEL							
		WELL	. WAS USED AS:	SED AS:						
NV	v	NE	1	I Domestic	5 Public	5 Public Water Supply 9 Dewatering				
			I	2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well						
W E 4 Industrial 8 Air Conditioning 12 Other									••••••	
SW SE Was a chemical / bacteriological sample submitted to Department? Yes										
SV	If yes, mo/day/yr sample was submitted									
Water Well Disinfected: Yes No										
5 TYPE OF BLANK CASING USED:										
(1)Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)										
Blank casing diameter 2'/4" in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface 3 FT BELOW. in.										
GROUT BLUC MATERIAL: 1 Next compat. (2 Compat grout. 2 Reptonite. 4 Other										
Grout Plug Intervals: From										
1	eptic tank	·	6 Seepa			11 Fuel storage 16 Other (specify below)				
2 Sewer lines 3 Watertight sewer lines			7 Pit pri 8 Sewa	vy ge lagoon		12 Fertilizer storage 13 Insecticide storage				
4 Lateral lines 5 Cess pool			9 Feedy	ard		14 Abandoned water well 15 Oil well/Gas well				
5 Cess pool 10 Livestock pens 15 Oil well/Gas well Direction from well?										
	T	1					••••••			
FROM				TERIALS						
	22 3 GUIK CR									
3	3 0 COMPAC		TED S	011		RECEIVED				
							NOV 0 3 2004			
						BUREAU OF WATER				
7 CONT	BACTOR'S	OF LANDOWNE	B'S CEDTI	FICATION: This	water well	was plugged	under my jurisdiction o	and was see	maleted on	
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)										
Water \	Vell Contractor	r's License No 4 under the	pusiness ı	name of PLU	6GED B	Y OWNER	ter Well Hecord was com	pieted on (m	io/day/year)	
by (signature) VS										

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.