		WATER WELL PLUGGING RECO	ORD Form WWC-5P KSA	.82a-1212 ID NO	MINIE	
1	LOCATION OF WATER WELL	.: Fraction	Section Number	Township Number	Range Number	
بر Co	ounty: Sedgark	NE 1/2 NO 1/2 NE 1/4	8	27	OIE	
Distance and direction from nearest town or city street address of well if located within city?						
363 W. ZISI street North, wichita, KS						
water well owner: QuikTrip corporation						
RR #, St. Address, Box #: Po Box 3475 Board of Agriculture, Division of Water Resources						
	City, State, ZIP Code : TU	15a, ok 74101	Application Number:			
3	MARK WELL'S LOCATION WI AN "X" IN SECTION BOX:	TH 4 DEPTH OF WELL	20 ft			
	N	WELL'S STATIC WATER	R LEVEL 13.31 ft.		:	
	X	WELL WAS USED AS:				
	NWNE -	1 Domestic	5 Public Water Supp	oly 9 Dewate	ering	
		2 Irrigation	6 Oil Field Water Su	pply 10 Monito	oring Well	
w		E 3 Feedlot 4 Industrial	7 Domestic (Lawn & 8 Air Conditioning		on Well	
		Was a chemical / bacteriological sample submitted to Department?Yes				
	S W S E	If yes, mo/day/yr sample was submitted				
		Water Well Disinfected: Yes No				
	S					
5	TYPE OF BLANK CASING USED:					
_	1 Steel 3 RMP (SR)					
PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
					uch	
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 sentonite 4 Other						
لـ	Grout Plug Intervals: From					
What is the nearest source of possible contamination:						
	1 Septic tank	6 Seepage pit	11 Fuel storage	11 Fuel storage 16 Other (specify below) 12 Fertilizer storage		
	2 Sewer lines3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon				
	4 Lateral lines	9 Feedyard				
	21-2					
Direction from well? How many feet? How many feet?						
ı	FROM TO	PLUGGING MATERIALS				
	0 2 M	affue Nateral - Pavenea	*			
	Z 20 ch	ip bentoute hydrated				
				REC	EIVED	
				NOV :	1 7 2004	
_				NUV	1 7 2004	
				BUREAU	OF WATER	
, 1	CONTRACTOR'S OR LAN	NDOWNER'S CERTIFICATIONS TH	nie water well wee eluga	ed under my juriedictics	n and was completed	
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
	Water Well Contractor's Licer	under the business name of De.H	Penhaue LFTPLD Se	water Well Record was con	npieted on (mo/day/year)	
	by (signature)		J			
INSTRUCTIONS: Use typewriter 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, Topeka, Kansas 66620-0001						
91	newers. Send ton three con	ies to Kansas Department of Hea	Ith and Environment Ru	reau of Water Toneka	Kansas 66620-0001	

answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.