				WATER WELL PLUGGING F	RECORD Form WWC-5P	KSA 82a-1212 ID N	NO
1	LOCATION OF WATER WELL:			Fraction SE SW SE SE	Section Number	Township Number	Range Number
Со	unty: 🏍	=0GU	UICK	STAPA SANGUA SEETA	フ	T275	RIC EM
Dis	tance and	direction from	m nearest town or o	city street address of well if loo	ated within city?		
n	o there	est co	mer not	Theast basem	ent Humace	1414 Lieune	H Wichita
2	WATE	R WELL OW	NER: Win	Theast basem ifred Brundis	e Trust		ks 67203
	HH #, S	t. Address, E te, ZIP Code	30x #:	hita KS 67	Board of Agriculture	e, Division of Water Resour r: Us Fuove	ces
3	I	WELL'S LO	CATION WITH	4 DEPTH OF WELL	3 0 ft.		
	N			WELL'S STATIC WATER LEVEL ft.			
				WELL WAS USED AS:			
	——NN	/	NE	1 Domestic	5 Public Water Supply		•
				2 Irrigation 3 Feedlot	6 Oil Field Water Supp Domestie (Lawn & C		
W			E	4 Industrial	8 Air Conditioning		
	SW — SE —			Was a chemical / bacteriological sample submitted to Department? Yes			
	If yes, mo/day/yr sample was submitted						
	Water Well Disinfected: Yes No						
5	TYPE OF BLANK CASING USED:						
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
			eter	Was casing pulled?	Yes . No	If yes, how mu	ch 3 4
6	GROU'	T PLUG MAT	TERIAL: 1 No	eat cement Cement gro	ut & Bentonite 4 (Other	
	Grout F	Plug Intervals	s: From:	3.0ft. to5 ft.	, Fromft. to	o ft., From	to ft
	What is	the nearest	source of possible	-			
1 Septic tank 6 Seepage pit 11 Fuel storage (specify below)							cify below)
2 Sewer lines			uar liana	7 Pit privy	12 Fertilizer storage	well	was
Watertight sewer lines Lateral lines			ver lines	8 Sewage lagoon9 Feedyard	13 Insecticide storage14 Abandoned water v		
	5 C	ess pool	_	10 Livestock pens	15 Oil well/Gas well		
	Directi	on from well	?	How many	feet?		
FROM TO			PLI	JGGING MATERIALS			
485		0	Burdonik/bleace				
30		5	Berdonik/bleace				
			1				
7	CONTR	RACTOR'S	OF LANDOWNE	R'S CERTIFICATION: This	water well was plugged	under my jurisdiction a	nd was completed on
	Water V	Vel/Contracto	or's License No under the	business name of		ter Well Record was comp	pleted on (mo/day/year)

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, 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.