					WATER WELL PLUGGING R	ECORD	Form WWC-5P	KSA 82a-1212 ID N	10. <u>//</u> /	3 1	
1	LOCATION	ON OF V	WATER WELL:		Fraction	Section	Number	Township Number	Range	Number	
Cou	inty: Se	daw	itcle		NEW NEW COM		33	275		(E)V	
	ance and d	irection t	rom nearest towr		ity street address of well if loc	ated within	city?				
921 E. Harry, Witchita 2 WATER WELL OWNER: QUILTIP Corporation											
2	WATER	WELL C	WNER: WUE	KI	THE COMPONATION						
	RR #, St. City, State	Address e, ZIP C	s, Box #: PO E	91 91	OF 1410 Application Number:						
3	MARK WELL'S LOCATION WITH				4 DEPTH OF WELL 28.80 ft.						
	AN "X" IN SECTION BOX:				WELL'S STATIC WATER LEVEL 17.02 ft.						
		X			WELL WAS USED AS:						
	NW		NE	-	1 Domestic		lic Water Supply				
					2 Irrigation 3 Feedlot		Field Water Supp nestic (Lawn & G				
W				E	4 Industrial		Conditioning				
	SW		SE		Was a chemical / bacteriolo	gical sampl	e submitted to De	epartment? Yes	No X		
if yes, mo/day/yr sample was submitted											
		S		ا	Water Well Disinfected: Ye	es	NoX'				
5	TYPE OF BLANK CACING LIPED.										
	1 Steel	3	RMP (SR) 5	Wr	ought 7 Fibergl	ass 9	Other (Specify b	elow)			
2PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile										~~ C.1	
	Blank c Casing	asing dia height a	ameter bove or below lar	in. nd su	Was casing pulled?	Yes	. . No	If yes, how mu	ich Z 8	DFT.	
6					eat cement 2 Cement gro	_		Other			
	Grout P	-	vals: From rest source of pos		7.0 ft. to 7 ft	., From	tt. to	o ft., From	t	to ft	
		ptic tank		אוטוכנ	6 Seepage pit	(i)F	uel storage	16 Other (spe	ecify below)		
	2 Sewer lines 3 Watertight sewer lines				7 Pit privy 8 Sewage lagoon	12 F	12 Fertilizer storage				
	4 Lateral lines				9 Feedyard	14 A	14 Abandoned water well				
5 Cess pool Direction from well?					10 Livestock pens		il well/Gas well 5 CL -				
_											
					UGGING MATERIALS						
					ntonite, hydrated						
_	2	0	Conc	re.	16						
7	CONTR	RACTO	R'S OF LANDO	WNI	ER'S CERTIFICATION: Thi	s water w	ell was plugged	under my jurisdiction	and was co	ompleted on	
	water W	y/year) . /ell,Cont	ractor's License N	o	650 e business name of Dec	and	this record is tru This Wa	ter Well Record was com	eage and be ipleted on (r	no/day/year)	
	8 .1 by (sia	nature)	unk	er th \	e business name of	ren bac	igh Hela S	SELVICES			
IN				, hal	point pen. Please press fi	rmly and n	rint clearly Plea	ase fill in blanks, underlii	ne or circle	the correct	
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.											
St	., Ste. 420	, Topek	a, Kansas 6661	12-1	367. Telephone: 785/296-5	522. Send	one to Water V	veil Owner and retain or	ie for your	records.	