		٧	ATER WELL PLUGGING R	RECORD Form WWC-5P	KSA 82a-1212 ID N	NO. MW-Z
1	LOCATION OF WATER V	WELL:	Fraction	Section Number	Township Number	Range Number
Cou	unty: Sedgweek	5	E14 NE14 SEA	19	27	01 Qw
Dis	tance and direction from nea	rest town or city		eated within city?		
_	1112 Douglas, 1	WICHTA	and manage			
2	WATER WELL OWNER: RR #, St. Address, Box #:	PO 334	2475	Daniel of Aminultura	Division of Metay Bassam	
	City, State, ZIP Code :	Tulsaró	K 74101	Application Number	, Division of Water Resour	ces
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL	_		
			WELL'S STATIC WATER LEVEL ft.  WELL WAS USED AS:			
-	NWN	E	1 Domestic 2 Irrigation	<ul><li>5 Public Water Supply</li><li>6 Oil Field Water Supp</li></ul>	9 Dewater	
w	₩ €		3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well			
١			4 Industrial	8 Air Conditioning		
-	SE X		Was a chemical / bacteriological sample submitted to Department? Yes			
			Water Well Disinfected: Ye	esNo		
	\$ 					
5	TYPE OF BLANK CASIN	G USED:				
	1 Steel 3 RMP (S 2)PVC 4 ABS		ght 7 Fiberglestos-Cement 8 Concre		elow)	
	Blank casing diameter Casing height above or b	in.  pelow land surfa	Was casing pulled?	YesX No	If yes, how mu	uch 27,22
6	GROUT PLUG MATERIA		cement 2 Cement gro	out <b>3</b> Bentonite 4 C	Other	
	Grout Plug Intervals:	From2	•	., Fromft. to	ft., From	to ft
	What is the nearest source  1 Septic tank	ce of possible of		Evol storage	16 Other (end	noify holow)
	2 Sewer lines		7 Pit privy 12 Fertilizer storage		16 Other (spe	
<ul><li>3 Watertight sewer lines</li><li>4 Lateral lines</li></ul>			8 Sewage lagoon 13 Insecticide storage 9 Feedyard 14 Abandoned water well			
	5 Cess pool		10 Livestock pens	15 Oil well/Gas well		
	Direction from well?		How many	/ feet?		
i i			GING MATERIALS			
	20 1 h	yd rated	t turf			
	1 0	180290T	+ turf			
7	CONTRACTOR'S OF L	ANDOWNER	S CERTIFICATION: This	s water well was plugged and this record is true	under my jurisdiction a	and was completed on
_	Water Well Contractor's Lic	cense No.	658 Not	and this record is true	ter Well Record was com	pleted on (mo/day/year)
	by (signature)	under me t	siness name or	en attaga the or service	S	
INS	STRUCTIONS: Use typew	riter or ball po	pint pen. <u>Please press fir</u>	mly and print clearly. Pleas	se fill in blanks, underlin	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.