		WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	10 MW-2	
1 LOCA	TION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County:	jedqwick	5E 14 SE 14 SW 14	26	275	l Gw	
Distance and direction from nearest town or city street address of well if located within city?						
3938E. Harry St. Wichita, Kansas						
2 WATER WELL OWNER: AS Retail and Commercial Operations, LC						
RR #, St. Address, Box #: 383 E. Lake St.  Board of Agriculture, Division of Water Resources City, State, ZIP Code: Bloomingdale, IL 60108 Application Number:						
3 MARK	WELL'S LOCATION WITH	4 DEPTH OF WELL	f. 82 ft.			
	NN	WELL'S STATIC WATE	R LEVEL 20.76 ft.			
		WELL WAS USED AS:				
N	V NE	1 Domestic 2 Irrigation	<ul><li>5 Public Water Supply</li><li>6 Oil Field Water Suppl</li></ul>	9 Dewateri y OMonitorir		
w		3 Feedlot E 4 Industrial	7 Domestic (Lawn & Ga 8 Air Conditioning	arden) 11 Injection		
		- Tildestral	ū		•	
sv	SW ————————————————————————————————————					
Water Well Disinfected: Yes No						
S						
TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank Casin	casing diameterii g height above or below land	n. Was casing pulled?	Yes No	If yes, how mu	ch	
0						
Grout Plug Intervals: From 3 ft. to 34.82tt., From ft. to ft., From to ft., From to ft.						
What is the nearest source of possible contamination:  1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)						
2 S	ewer lines /atertight sewer lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage			
4 L	ateral lines	9 Feedyard 10 Livestock pens	14 Abandoned water w 15 Oil well/Gas well	rell former l	LST Basin	
5 Cess pool  10 Livestock pens  15 Oil well/Gas well  39 38 E. Harry 54.  Direction from well? Northeast  How many feet?						
Direction from well?						
FROM	то	PLUGGING MATERIALS				
3		fonite				
0.5		soil				
Ö	0.5 asp	halt				
				CORRECT	רה	
				CONKEC		

CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.

This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.

This Water Well Record was completed on (mo/day/year) by (signature)

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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.