	WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	10.MW-7
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sedgwick	SE 1/4 SW 1/4 SE 1/4	29	275	1 (EW
Distance and direction from nearest town or city street address of well if located within city?				
324 W Harry Street, Wichita, KS				
2 WATER WELL OWNER: Town & Country 324 West Harry				
RR #, St. Address, Box #: Board of Agriculture, Division of Water Resources City, State, ZIP Code : Wichita, KS 67213 Application Number:				
	4 DEPTH OF WELL		•	
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	WELL'S STATIC WATE	\sim		
N T				
	WELL WAS USED AS:			
NE NE	1 Domestic 2 Irrigation	5 Public Water Supply6 Oil Field Water Supp	ily (19) Monitori	ng Well
	3 Feedlot 4 Industrial	 7 Domestic (Lawn & G 8 Air Conditioning 		Well
Was a chemical / bacteriological sample submitted to Department? Yes				
SW SE If yes, mo/day/yr sample was submitted to bepartment? Yes				
x	Water Well Disinfected: Y	es No\		
S	.]			
5 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 casing diameter 2 in. Was casing pulled? Yes				
Casing height above or below land surface in.				
10	Septement 2 Cement growth to 24 ft.		Other	
Grout Plug Intervals: From				
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (spe	ecify below)
3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage		•••••••••••••••••••••••••••••••••••••••
4 Lateral lines	9 Feedyard	14 Abandoned water		
5 Cess pool	10 Livestock pens			
Direction from well?				
FROM TO F	LUGGING MATERIALS			
1.5 24 Bent	mite			
0.5 15 Soil				
0 0.5 ash	H			
	,			
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 Coptractor's License No. Water Well Coptractor's License No. This Water Well Record was completed on (mo/day/year) under the business name of				
vvales vveil Conflactor's License No	he business name of	/urracon	ter frem necold was com	pieted on (mo/day/year)
by (signature)				
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.				