	OCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
1 -	OCATION OF WATER WELL.		Section Number	Township Number	nange Number	
County:		NEW HUM NWA	2	275	/ @ /w	
Distance and direction flom nearest town or city street address of well if located within city?						
307 E Central Ave Wichita						
2 WATER WELL OWNER: Catholic Diocese of Wichita						
RR #, St. Address, Box #: 424 N Broadway City, State, ZIP Code : (a) (c) 46 . K S (67.30.2) Board of Agriculture, Division of Water Resources Application Number:						
	DEDTI OF WELL 28					
	MARK WELES COATION WITH					
,	AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 18 ft.					
X		WELL WAS USED AS:				
	NWNE	1 Domestic	5 Public Water Supply	9 Dewateri	ng	
		2 Irrigation 3 Feedlot	6 Oil Field Water Supp7 Domestic (Lawn & G			
w		E 4 Industrial	8 Air Conditioning		**************************************	
	SW SE SE Was a chemical / bacteriological sample submitted to Department? Yes					
	SW SE If yes, mo/day/yr sample was submitted					
		Water Well Disinfected: Ye	es No			
	S					
5 T	YPE 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						
CROUT BLUC MATERIAL: 1 Next coment 2 Coment grout 2 Pontonito 4 Other						
Grout Plug Intervals: From						
What is the nearest source of possible contamination:						
1 Septic tank		6 Seepage pit	11 Fuel storage	16 Other (spec	cify below)	
2 Sewer lines 3 Watertight sewer lines		7 Pit privy 8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage	***************************************		
4 Lateral lines		9 Feedyard 14 Abandoned water well				
5 Cess pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well?						
FROM TO PLUGGING MATERIALS						
\wedge	20 Book	2012 06:00				
<u> </u>	28 Benta	ornite Chips				
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed as						
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) under the business name of Contractor's License No.						
vvaler well animactor's License inc						
b	y (signature) D	0)		
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.

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212 ID NO._____