WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.						
1	LOCATION OF WATER WEI		NW Section Number	Township Number	Range Number E/W	
Distance and direction from nearest town or city street address of well if located within city?						
	Basement -	626 Funston 1	Vichita KS	67213		
2		NIANIA VIENIAZI	Global Positioning Systems (decimal degrees, min. of 4 digits Latitude:			
	RR#, St. Address, Box #:	626 Funston	L6 Funston Longitude:			
	City, State ZIP Code:	Wichita KS 6721	O Datum:	Datum: Data Collection Method:		
3						
3	WITH AN "X" IN SECTION		1 <i>U</i> 1t.			
	BOX:	WELL'S STATIC W	ATER LEVEL	ft		
WELL WAS USED AS:						
	NW NE —	1 Domestic	5 Public Water Supply	9 Dewat	rerino	
		2 Irrigation	6 Oil Field Water Sup			
W		E 3 Feedlot	2 Domestic (Lawn &)	Garden 11 Inject		
	SW SE	4 Industrial	8 Air Conditioning	12 Other		
	Was a chemical/bacteriological sample submitted to Department? YesNo ×					
	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 3/4 in. Was casing pulled? Yes No If yes, how much 6					
	Casing height above or below land surface					
Grout Plug Intervals: From 10 ft. to 2 ft., From ft. to ft., From to ft. What is the nearest source of possible contamination: Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below) Sewer lines 7 Pit privy 12 Fertilizer storage Well was abandaned						
	3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage					
	4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet?					
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		PLUGGING MATERIALS	FROM TO	PLUGGING MA	ΓERIALS	
	10 0	Cement				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6 6 12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 678. This Water Well Record was completed on (mo/day/year) 6 6 12 under the business name of Mentagorises.						
INS	STRUCTIONS: Use typewrite	er or ballpoint pen. Please press fir	mly and print clearly/Pleas	se fill in blanks, under	line or circle the	
Jack	rect answers. Send top three copkson St., Ste. 420, Topeka, Kans	opies to Kansas Department of Healnsas 66612-1367. Telephone: 785/	th and Environmen, Burea 296-5522. Send one to Wa	u of Water, Geology Ster Well Owner and re	Section, 1000 SW tain one for your	
	records. Visit us at http://www.kdheks.gov/geo/waterwells.					