WA	ATER WELL PLUG	GING RECO	ORD	Form WWC	<u>-5P</u>	KSA 82a-		ID NO.	MW-		
1	LOCATION OF WATER	WELL:	Fractio			on Number	To	wnship Num	ber Rai	nge Number	
	County: Seam of Distance and direction fro	m nearest town	or city str	reet address of w	ell if loca	ited within ci	ity?				
6327 E. 13th St., Wichite											
2	WATER WELL OWNER: Global Positioning Systems (decimal degrees min of 4 digits										
	RR#, St. Address, Box #: 28100 Torch Pkny					Longitude:					
	City, State ZIP Code:	100 10	ille, IL 60555		Elevation: Datum:						
						Data Collection Method:					
3	MARK WELL'S LOCA WITH AN "X" IN SECT		DEPT	H OF WELL _	25.	14 ft.					
	BOX: WELL'S STATIC WATER LEVEL 8.76 ft										
	N WELL WAS USED AS:										
	NW NE	-	1 Don	nestic	5 Publi	c Water Supp	ply	9 D	ewatering		
w		E		ation		ield Water S			Aonitoring		
W			3 Feed 4 Indu			estic (Lawn a Conditioning		len) 11 I 12 (njection V Other	/ell	
	Was a chemical/bacteriological sample submitted to Department? YesNo										
	S was a chemical bacteriological sample submitted to Department: Tes										
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)											
PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile											
Blank casing diameter in. Was casing pulled? Yes No If yes, how much 3 A											
Casing height above or below land surface 36 in.											
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From Off. to 25.14 ft., From ft. to ft., From to ft. What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit Fuel Storage 16 Other (specify below)											
	2 Sewer lines 7 Pit privy 12 Fertilizer storage 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/G	as well	How m	nany fee	et?	120		
	FROM TO	PLUGGING	· ·	RIALS	FROM	TO		PLUGGING	MATERI	ALS	
	0 25.14	Benton	HC								

7 CONTRACTOR'S OR 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 by (signature)											
INSTRUCTIONS: Use typewriter or ballpoint 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. Visit us at http://www.kdheks.gov/geo/waterwells.											