w	ATER WELL PLUGGING I	PECORD	Form WW	/C-5P	KSA 82	a-1212 ID NO.	MW-4A	
1	LOCATION OF WATER WELL:	Fraction		Section	Number	Township Number	Range Number	
	County: Sedgwick		4 NW 1/4 NE		9	T 27 S	1 DE W	
	Street/Rural Address of Well Location; direction from nearest town or intersect		Global Positioning Systems (GPS) information: Latitude: 37.72041N (in decimal degrees)					
		Longitude: 97.32446W (in decimal degrees)						
	check here 1007 e. 21st Street N., Wichita, Ks.			Elevation: Datum: WGS84, NAD83, NAD27				
					Collection Method:			
2	WATER WELL OWNER: NIM, Inc. RR#, St. Address, Box #: 710 S. Hanley. 7D City, State ZIP Code: Clayton, MO 63105					e/Model:		
_					ital Map/Pho	oto, 🔲 Topographic M	fap, 🔲 Land Survey	
					Est. Accuracy: □ < 3 m, □ 3-5 m, □ 5-15 m, □ > 15 m			
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL 15.0 ft WELL WAS USED AS:							
	NW NE Domestic Public Water Supply Dewatering							
	Irrigation Oil Field Water Supply Monitoring							
V	W Feedlot Domestic (Lawn & Garden) Injection Well							
	sw SE Industrial LI Air Conditioning LI Other							
	Was a chemical/bacteriological sample submitted to Department? Yes No							
5 TYPE OF BLANK CASING USED:								
	Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC ABS Solvent No If yes, how much all							
Casing height above or below land surface 36 in.								
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Plug Intervals: From 0 ft. to 20.8 ft., From ft. to ft., From to ft.								
What is the nearest source of possible contamination: Septic tank Seepage pit Fuel Storage Other (specify below)								
	Sewer lines Pit privy Fertilizer storage Scrapyard & Refinery							
	Watertight sewer lines Sewage lagoon Insecticide storage							
	Lateral lines Feedyard Abandoned water well Direction from well? Cess pool Direction from well? How many feet?							
				- Cub Well		w many rect.		
	The state of the s	GING MATE	RIALS	FROM	TO	PLUGGING	MATERIALS	
	0 20.8 Bentonite							
			· · · · · · · · · · · · · · · · · · ·					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was p lugged under my jurisdiction and was								
completed on (mo/day/year) 7/8/2013 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 604 . This Water Well Record was completed on (mo/day/year) 7/2///7 under the								
Well Contractor's License No. 604 This Water Well Record was completed on (mo/day/year) 7/24/13 under the business name of Environmental Priority Service, Inc. by (signature) 1 the first formula f								
INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the								
INS	STRUCTIONS: Use typewriter or b	allpoint pen.]	Please press fir	mly and prin	nt clearly.	Please fill in blanks, u	nderline or circle the	
correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your								
records. Visit us at http://www.kdheks.gov/waterwell/index.html.								