Form WWC-5P

KSA 82a-1212

										····			
1	1 LOCATION OF WATER WELL:				Fraction	Section	Number	Township	Number .	Range	Nu	Number	
County: Sedgwick					SW _{1/4} SE _{1/4} SW _{1/4} 16			. 2	27		1	(E)W	
		direction from			ity street address of well if loca Central, Wichita, KS 6		/?						
2	WATER	WELL OWN	ER: Steff	en	Dairy			***************************************					
	RR #, St City, Stat	. Address, Bo te, ZIP Code	A 11 v		Central Board of Agriculture, Division of Water Resources KS 67202 Application Number:								
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N				4 DEPTH OF WELL	1	. <u>5.5.</u> ft.						
					WELL'S STATIC WATER LEVEL ft.								
W					WELL WAS USED AS:							*	
	NW	N NE			1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	6 Oil Fi	: Water Supply eld Water Supp estic (Lawn & G anditioning	oly	9 Dewaterion 10 Monitorin 11 Injection 1 12 Other	g Well Well			
-	sw	·	— SE ——		Was a chemical / bacteriological sample submitted to Department? Yes								
	l× l			Water Well Disinfected: Yes No									
Т		S											
5			ASING USED			D. C	thar (Cnaaify h	olow)					
	1 Stee 2 PVC	4 AB			ought 7 Fibergla restos-Cement 8 Concrete	Tile .	ther (Specify b	,			•••••		
			er2 i		Was casing pulled?	Yes	No	lf	yes, how muc	_{ch} .36"		•••••	
		Γ PLUG MATI			eat cement 2 Cement grou		tonite (4)	other Nativ	e Soil	· · · · · · · · · · · · · · · · · · ·			
6		lug Intervals:			ft. to ft.,	From	3. ft. to	o15.5 ft.	, From	0	_{to} 15	.5 ft	
	What is	the nearest	source of pos	sible	contamination:								
Septic tank Sewer lines Watertight sewer lines Lateral lines					6 Seepage pit 7 Pit privy		(11) Fuel storage 12 Fertilizer storage		16 Other (specif				
					8 Sewage lagoon 9 Feedyard	13 Inse	cticide storage			•			
		ess pool			10 Livestock pens		vell/Gas well						
	Direction	on from well?			How many	eet?		******					
FROM TO PLU					JGGING MATERIALS								
0		3	Native	Soi									
3		15.5	Bentoni	te	7.00								
	, ,,,			··· · · · · · · · · · · · · · · · · ·									
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				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
7	(mo/da	y/year)	10/31/1	3	R'S CERTIFICATION: This	and th	s record is tru	e to the best	of my knowle	dge and b	elief. k	Kansas	
									·				
INS	STRUCTI	UNS: Use t	ypewriter or	Dall	point pen. Please press firm	<u>iiy</u> ana <u>prin</u>	<u>ı</u> сівагіу. Ріва	ase iii iii biar	iks, unaeriin	e or circle	ruie C	OHECT	

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.