| Secret Number Township Num | W A | ATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. | - 455 | |
|--|---|---|-------------------------------|--|
| StreetRural Address of Well Location; if unknown, distance & direction from nearst town or innearst town o | <u>* *</u> | LOCATION OF WATER WELL: Fraction County: Sedgwick Fraction Section Number Township Number T 27 S | umber [X] E [] W | |
| WATER WELL OWNER: City of Wichita/Env. Hith RR#, St. Address, Box #: 455 N. Main Wichta, KS 67202 MARK WELL'S LOCATION WITH AN "N" IN SECTION BOX: WELL'S STATIC WATER LEVEL | | Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here \[\begin{array}{c} 404 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | nal degrees) | |
| WELL'S STATIC WATER LEVEL 14 ft WELL WAS USED AS: Domestic D | | WATER WELL OWNER: City of Wichita/Env. Hlth RR#, St. Address, Box #: 455 N. Main GPS unit (Make/Model: Garmin 60C Digital Map/Photo, Digital Map/Photo, Land Survey | | |
| WELL WAS USED AS: Domestic Irrigation Domestic Itragulary Downestic Itragulary Dow | | WITH AN "Y" IN SECTION | | |
| Domestic irrigation Public Water Supply Dewatering Irrigation Difference Domestic (Tawn & Garden) Dewatering Monitoring M | | IN I | | |
| TYPE OF BLANK CASING USED: Steel | W | NW NE Domestic Public Water Supply Oil Field Water Supply Dewatering Monitoring Injection Well Air Conditioning Other | | |
| Steel RMP (SR) Wrought Fiberglass Other (Specify below) | | Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ✓ | | |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and completed on (mo/day/year) 3/5/2020 and this record is true to the best of my knowledge and belief. Kansas Well Contractor's License No. 710 . This Water Well Record was completed on (mo/day/year) 3/60/2020 under business name of Below Ground Surface, Inc. by (signature) | | Blank casing diameter in. Was casing pulled? Yes No If yes, how much ############################## | | |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and completed on (mo/day/year) 3/5/2020 and this record is true to the best of my knowledge and belief. Kansas Well Contractor's License No. 710 This Water Well Record was completed on (mo/day/year) 3/20/2020 under nusiness name of Below Ground Surface, Inc. by (signature) WSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the orrect answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 Stackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for you ecords. Visit us at http://www.kdheks.gov/waterwell/index.html. | | | ALS | |
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| Check one: ☐White Copy ☐ Blue Copy ☐ Pink Co | con [ac] | rect answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section kson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain of ords. Visit us at http://www.kdheks.gov/waterwell/index.html. | n, 1000 SW | |