WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212

		Faratian	Darking Number	Tourshin Number	Damas Number		
1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number		
County: 5edgwick					275	JE	
Distance and direction from nearest town or city street address of well if located within city? 14100 Sundance, Wichita (East Well)							
2 WATER WELL OWNER: Beth Alvarez							
RR#, St. Address, Box #: 14100 Sundance Board of Agriculture, Division of Water Resources City, State, ZIP Code : Wichita, KS 67230 Application Number: 3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL							
WELL WAS USED AS:							
	 W	N E	1 Domestic	1 Domestic 5 Public Water Supply 9 Dewatering			
			1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Foodlat (2) June and Garden Only 11 Injection Well				
w		E	3 Feedlot 4 Industrial	8 Air Conditioning	Only 11 Injection 12 Other	well	
						×	
s	S W						
	Water Well Disinfected: Yes. X No						
S Water well Disinfected: Yes. J. No							
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							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other							
Grout Plug Intervals: From.3.ft. to.44.ft., From.3.ft. to 1.1.ft., From toft.							
What is the nearest source of possible contamination:							
1 Septic tank6 Seepage pit11 Fuel storage16 Other (specify below)2 Sewer lines7 Pit privy12 Fertilizer storage							
2 Sewer lines 3 Watertight sewer lines			7 Pit privy 8 Sewage lagoon	12 Fertilizer storag 13 Insecticide stora	je Ige		
			y reedyard	14 Abandoned Water W	ell i		
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well?							
FROM TO PLUGGING MATERIALS							
		5-1	-				
108	45	Sina	GRAVEL Mix	_			
44	36	antoni	re pmg				
35	12	Sind	SRAVI MIK				
$\overline{\mathbf{U}}$	3	Briton	te pluz				
2	0	Clan1	Soil backfull				
		0					
7 CONTRACTOR'S OR LANDOWNER & CERILFICATION: This water well was plugged under my jurisdiction and was completed							
Hon (mo/day/year). Hr. A.T							
Water Well Contractor's License No							
by (signature)							
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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.							
one for your records.							