LOST WELL

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

MW-7

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1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
Co	ounty: Sodawick	Nw 14 Nw 14 Nw 14	7	27 S	2 E	
Distance and direction from nearest town or city street address of well if located within city?						
1330 E. 21st St., Wichita, KS						
2 WATER WELLOWNER: Kum & Go # 328						
RR #, St. Address, Box #: 6330 E. 2 City, State, ZIP Code : Wichita		Board of Agriculture, Division of Water Resources Application Number:				
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL	15 n			
	N					
	×	WELL WAS USED AS:		5 Public Water Supply 9 Dewatering		
	N W N E	1 Domestic				
		2 Irrigation 3 Feedlot	6 Oil Field Water Sup 7 Domestic (Lawn &		ring Well In Well	
W	E	4 Industrial	8 Air Conditioning			
If yes, mo/day/yr sample was submitted					No .X	
	S S	Water Well Disinfected:	Yes No .X			
5 TYPE OF BLANK CASING USED:						
(2)PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing diameterin. Was casing pulled? Yes No						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite Other						
Grout Plug Intervals: From						
What is the nearest source of possible contamination:						
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)					ecify below)	
2 Sewer lines3 Watertight sewer lines		7 Pit privy 8 Sewage lagoon	12 Fertilizer storage13 Insecticide stora	a waitha	144 CORUNTE	
4 Lateral lines 5 Cess Pool		9 Feedyard 14 Abandoned water well				
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well?						
			And BE 814	IEI IO		
		Hychy, roots	under ca	fillso.	3 AUD	
5' 10' brown sitty ear, Pinn his roll and in						
	10' 15' argen-broa	sin sittu chu	complete	ween to	OCCUPED.	
		1 - 1	1.1011 1	to not		
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			<u>Sliveri</u>	il 400		
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						
by (signature) AUU III TUE						
IN	ISTRUCTIONS: Use typewriter or ba	ill point pen. <u>Please press f</u> i	rmly and print clearly. Plea	ase fill in blanks, underlin	e or circle the correct	
	answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.					