			WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	O
1 LOCA	TION OF WAT	ER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Cowley		NW 14 NW 14 SE 14	36	T 34 S	R 3 PW
Distance and direction from nearest town or city street address of well if local				ated within city?	Well No. 2	West
SW corner of 6th & Taylor in Arkansas City						
2 WATER WELL OWNER: City of Arkansas City 118 W. Central						
RR #, St. Address, Box #: Arkansas City Ks Board of Agriculture, Division of Water Resources City, State, ZIP Code : Application Number:						
	WELL'S LOCATION			40.92 ft.		
N WELL WAS USED AS:						
		.			0.0	
NV	V —	- NE	1 Domestic 2 Irrigation	<ul><li>5 Public Water Supply</li><li>6 Oil Field Water Supply</li></ul>		
w w		Е	3 Feedlot 4 Industrial	7 Domestic (Lawn & Ga 8 Air Conditioning		well unknown
	*			· ·		
SW SE Was a chemical / bacteriological sample submitted to Department? Yes						
Water Well Disinfected: Yes No						
	S		Water Well Disinfected: Ye	es No		
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)						
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing diameter 19-1/4 in. Was casing pulled? Yes						
CROUT BUIC MATERIAL. 4 Next compet. 2 Compet and 2 Competer 4 Other children in the discount of the competer o						
Grout Plug Intervals: From3 ft. to1420 ft., From 1420 ft. to16 ft. & From 16 to .4092 ft.						
What is the nearest source of possible contamination:						
1 Septic tank 6 Seepage pit				11 Fuel storage	16 Other (spec	cify below)
2 Sewer lines 3 Watertight sewer lines			<ul><li>7 Pit privy</li><li>8 Sewage lagoon</li></ul>	<ul><li>12 Fertilizer storage</li><li>13 Insecticide storage</li></ul>	unknown	
4 Lateral lines			9 Feedyard	14 Abandoned water w		
5 Cess pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well? How many feet?						
FROM TO PL			UGGING MATERIALS			
40'11 16 chlorinat			ed gravel			
16'	14.20					
14.20	3	cement				
				<del></del>		
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
(mo/day/year)						
by (sig	nature)(	) are	s busiless/lame of	ayneunistense	11.50.	
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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.						