				WATER WELL PLUGGING F	RECORD Form WWC-5P	KSA 82a-1212 ID N	O	
1	LOCAT	ION OF WAT	ER WELL:	Fraction	Section Number	Township Number	Range Number	
Co	unty:	Finne	1	1/4 1/4 1/4	23	24	33 €w	
Distance and direction from nearest town or city street address of well if located within city?								
Lot#5 Block 4 Sugebrush Estates								
2 WATER WELL OWNER: Dr. Michael Baughman								
	RR #, St. Address, Box #: 865 S. Prairie View Trail City, State, ZIP Code: Garden City, KS 67846 Application Number:							
3	MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
	AN "X" IN SECTION BOX:			WELL'S STATIC WATER LEVEL				
		N		WELL WAS USED AS:				
	NW NE NE			Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well				
								w
				Was a chemical / bacteriological sample submitted to Department? Yes				
	SW SE			If yes, mo/day/yr sample was submitted				
				Water Well Disinfected: Yes No				
		S						
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 Sentonite 4 Other							
Grout Plug Intervals: From								
What is the nearest source of possible contamination:								
Septic tank 2 Sewer lines				6 Seepage pit7 Pit privy	11 Fuel storage12 Fertilizer storage	16 Other (spe		
3 Watertight sewer lines4 Lateral lines				8 Sewage lagoon9 Feedyard	13 Insecticide storage14 Abandoned water			
		ess pool		10 Livestock pens	15 Oil well/Gas well	Wolf		
Direction from well?								
FROM TO PLUGGING MATERIALS								
	150	283	1-14 yas	wasned sand+gr	avei			
	10	150	2 yds.	Washed Sand+gr Clay mixed bentonite Chips	-			
	6	10	4 bags 1	Bentanite Chips		חבסבוו/בח		
	0	6	top Soil	/		RECEIVED		
_						AUG 3 0 2004		
_						BUREAU OF WATE	:R	
7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on							
	(mo/day/year) 8-9-0-4 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) 8-19-0-4 under the business name of MI. A.W. Est. Well ** Pump To.C. by (signature) ** License No. Signature License No. Signature							
8-19-04 under the business name of MIQWEST Well + Pump Inc								
	by (sig	nature)	fulle	supup				
				point pen. <u>Please press fil</u> sas Department of Health a				

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.