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

RECEIVED
SEP 11 1995
Equus Management
DIVISION OF WATER RESOURCES

1 LOCATION OF WATER WELL: Fraction: (W) 1/4 NW 1/4 NW 1/4 | Section Number: 21 | Township Number: 26 South | Range Number: 1 West

County: Sedgwick

Distance and direction from nearest town or city street address of well if located within city?

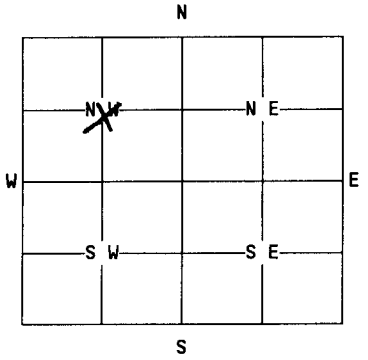
2 WATER WELL OWNER: Gail Woodard

RR#, St. Address, Box #: 4320 N Maize Rd

City, State, ZIP Code : Maize KS 67101

Board of Agriculture, Division of Water Resources Application Number: 26130

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL.....75.....ft.

WELL'S STATIC WATER LEVEL.....10.....ft.

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
(2) Irrigation	6 Oil Field Water Supply	10 Monitoring Well
3 Feedlot	7 Lawn and Garden Only	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other.....

Was a chemical/bacteriological sample submitted to Department? Yes....No..X..
If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes..X.. 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...16...in. Was casing pulled? Yes..... No..... If yes, how much.....
Casing height ~~above~~ or [below land] surface.....36.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite 4 Other Hole plug

Grout Plug Intervals: From..10..ft. to..0..ft., From.....ft. to .....ft., From..... to.....ft.

What is the nearest source of possible contamination: Hole Plug

1 Septic tank	6 Seepage pit	(11) Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	.....
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess Pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? ..N..... How many feet? .....8 ft.....

FROM	TO	PLUGGING MATERIALS
75	10'	Course SAND.
10	0'	Hole Plug

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). August...1994 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) ..... under the business name of .....

by (signature) Gene Woodard ..... Sept 8 1995

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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.