Sewer lines 7 Pit privy 12 Fertilizer storage Watertight sewer lines 8 Sewage lagoon Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet?	WATER WELL PLU	GGING RECORD	Form WWC-5P	KSA 8	2a-1212	ID NO.			
Distance and direction from nearest town or city street address of well if located within city?  0 W. Kansas Ave., Kingman KS 67068  WATER WELL OWNER: Kingman Municipal Airport  RR#, St. Address, Box #: 730 W. Kansas Ave.  City, State, ZIP Code: Kingman KS 67068  MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:    N				~	• •	1 -			
WATER WELL OWNER: Kingman Municipal Airport  RR#, St. Address, Box #: 730 W. Kansas Ave.  City, State, ZIP Code: Kingman KS 67068  MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:    A	County: Kingman Distance and direct	ion from nearest tow	n or city street addres	ss of well	f located within	n city?	1/8	/ <b>V</b> V	
RR#, St. Address, Box #: 730 W. Kansas Ave.  City, State, ZIP Code: Kingman KS 67068  MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:    N			<u> </u>			•			
RR#, St. Address, Box #: 730 W. Kansas Ave.  City, State, ZIP Code: Kingman KS 67068  MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:    A DEPTH OF WELL 17.40	WATER WELL (	WNER: Kingma	n Municipal Airpor			System (de	cimal degrees	, min. of 4 digits)	
City, State, ZIP Code: Kingman KS 67068    Datum: NA		-	Latitude: NA						
City, State, ZIP Code: Kingman KS 67068    Datum: NA   Data Collection Method: NA	RR#, St. Addres	s, Box #: 730 W. I	Cansas Ave.			<del></del>			
MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:    VELL'S STATIC WATER LEVEL	City, State, Z	IP Code: Kingman	KS 67068	1					
WITH AN "X" IN SECTION BOX:  WELL'S STATIC WATER LEVEL					Data Collection Method: NA				
WELL'S STATIC WATER LEVEL NA ft.  WELL WAS USED AS:    1			4 DEPTH OF WI	ELL <u>17.4</u>	0	Ft M	W11		
WELL WAS USED AS:    1 Domestic   5 Public Water Supply   9 Dewatering   10 Monitoring   11 Injection Well   12 Other   12 Other   12 Other   13 Feedlot   14 Industrial   8 Air Conditioning   15 Other   16 Other (specify below)   16 Other   17 Other   18 Other   18 Other   18 Other   19 Other   1		SECTION	WELL'S STATE	C WATER	R LEVEL	NA	ft.		
1 Domestic   5 Public Water Supply   9 Dewatering   10 Monitoring   11 Injection Well   12 Other   12 Other   12 Other   13 Feedlot   14 Industrial   8 Air Conditioning   12 Other   12 Other   13 Excel   3 RMP (SR)   5 Wrought   7 Fiberglass   9 Other (specify below)   12 Excel   3 RMP (SR)   5 Wrought   7 Fiberglass   9 Other (specify below)   14 Excel   15 Excel   3 RMP (SR)   5 Wrought   7 Fiberglass   9 Other (specify below)   15 Excel   3 RMP (SR)   5 Wrought   7 Fiberglass   9 Other (specify below)   15 Excel   3 RMP (SR)   5 Wrought   7 Fiberglass   9 Other (specify below)   15 Excel   3 RMP (SR)   5 Wrought   7 Fiberglass   9 Other (specify below)   15 Excel   3 RMP (SR)   5 Wrought   7 Fiberglass   9 Other (specify below)   15 Excel   3 RMP (SR)   5 Wrought   7 Fiberglass   9 Other (specify below)   15 Excel   16 Other (specify below)   15 Excel   16 Other   16 Excel	DOA.		Wilder & Billin						
2 Irrigation   3 Feedlot   7 Domestic (Lawn & Garden)   11 Injection Well   12 Other	N		WELL WAS US	ED AS:					
2 Irrigation   3 Feedlot   7 Domestic (Lawn & Garden)   11 Injection Well   12 Other			1 Domestic	5 Dubl	ic Water Supply	v lo	Dewaterin	ø	
Was a chemical/bacteriological sample submitted to Department? Yes No _X		- NE -				-را			
Was a chemical/bacteriological sample submitted to Department? YesNoX  TYPE OF BLANK CASING USED: 1 Steel	w	<del>-    </del> E	3 Feedlot					Well	
TYPE OF BLANK CASING USED:    Steel	-sw-	— s/E —	4 Industrial	8 Air (	Conditioning	1	2 Other		
TYPE OF BLANK CASING USED:    Steel		- x 🖳	Was a chemica	1/bacteriol	ogical sample s	submitted to	Department	<sup>9</sup> Yes No X	
Steel   3 RMP (SR)   5 Wrought   7 Fiberglass   9 Other (specify below)	S		Y us a onemica	I ductorioi	ogicai sampie s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 op w		
From TO PLUGGING MATERIALS FROM TO PLUGGING MATERIALS  To 3 17.40 Bentonite  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was and pleted on (mo/day/year)  9/28/11 and ft. to 17.40 ft., From ft. to ft., From ft. to ft. ft.  From ft. to ft. ft.  ft. to ft., From ft. to ft.  ft. to ft., From ft. to ft.	Casing height above	or below land surface	ce ir	1.					
What is the nearest source of possible contamination:  Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)  Sewer lines 7 Pit privy 12 Fertilizer storage  Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage  Lateral lines 9 Feedyard 14 Abandoned water well Direction from well?  Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet?  FROM TO PLUGGING MATERIALS FROM TO PLUGGING MATERIALS  0 3 Soil PLUGGING MATERIALS  3 17.40 Bentonite  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was and this record is true to the best of my kny wledge and belief. Kansas Water				_	•				
Septic tank Sewer lines Sewer lines Sewer lines Sewer lines Frit privy Sewer lines Sewer l	Grout Plug Intervals:	From 3	π. ιο 17.40 π.,	гюш	11. 10	11., 1	TOIII	16. 10	
Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet?  FROM TO PLUGGING MATERIALS FROM TO PLUGGING MATERIALS  0 3 Soil PLUGGING MATERIALS  3 17.40 Bentonite  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was and this record is true to the best of my kin wledge and belief. Kansas Water	1 Septic tank	6 Seepage pi	t 11 Fuels			(specify be	elow)		
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npleted on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water									
			R'S CERTIFICATI	ON: This	water well wa	s plugged i	ınd <del>ar my</del> juri	sdiction and was	
in Commence of Michigan 110. The first in the first of the complete of the first and the first of the first o								ner. Kansas wate 10/14/11 une	
	siness name of		<del></del>		-			)	
STRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and	IOTOLICTIONIC DI					L.V		0.77	
vironment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansak & 612-1367. Telephone: /296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.sdheks.gov/waterwell.	STRUCTIONS: PI	ease fill in blanks or	circle the correct an	swers. Se	nd top three co	pies to Kan	isas Departm	ent of Health and	