		WATER	WELL	PLUG	GING	RECO	RD			FORM WWC-5	Р	KSA 82a-12	12		
1 LOCATI	ON OF WA	TER WELI	∟: Fr	Fraction						Section Number	er	Township Number		nge Number	
County: I	Kiowa			SW	1/4	NE	1/4	SW	1/4	16		28		18	
Distance a	and direction	on from n	earest	town o	r city	street a	ddress	of we	ll if lo	cated within city?	?				
RR#, St. A	e, ZIP Code VELL'S LOC ECTION BO	0x # 18 9 : <b>W</b>	& J O 80 SO. /ICHIT	ROC A, KS	K RE	) 207				_	plicat	f Agriculture, Divisi ion Number:	on of W	ater Resources	
w	W			WELL'S STATIC WA WELL WAS USED A  1 Domestic 2 Irrigation 3 Feedlot 4 Industrial Was a chemical/bacteriol If yes, mo/day/yr sample Water Well Disinfected:			ED AS: tic on t ial eriologica uple was	5 6 7 8 al sam <sub>l</sub> submit	Publi Oil Fi Lawn Air C ple su	c Water Supply eld Water Supply and Garden (dom onditioning bmitted to Departn	nestic)	12 Other	ring Well in Well	ng Well Well	
1 Stee 2 PVC Blank ca Casing h	sing diamet	3 RMP 4 ABC er or below	(SR) in. land sur	6 A Was face	Asbest s casir		7 ent 8 1? Yes in.	Fiberg Concr	glass rete Ti	9 Othe	w muc	ch			
Grout P		s From _		. ft. to								ft. From			
i ·				3 Seepage pit 7 Pit privy						orage er storage		16 Other (specify	y below)		
i i				Sewage lagoon				13 Insecticide storage							
1				Feedyard Livestock pens				14 Abandoned water well							
5 Ces	88 P00I		10	Livesto	ck per	18		15 (	Dil we	ll/ Gas <del>we</del> ll					
Direction fro	om well?							How m	any f	eet?					
FROM	то	CODE				PLUGG	SING MA	TERIA	LS		٦				
20	3		BENT	ONIT	E						7				
3	0		CEME		<del></del>						7				
7	L	.1				· · · · · · · · · · · · · · · · · · ·									
			NDOW									jurisdiction and was			
1	mo/day/yr)				21-03	3		and	this i	record is true to t	the be	est of my knowledg	e and b	elief. Kansas	
Wate	er Weil Co		Licens				554					ecord was complete		no/day/yr)	
		28-03	·	unde	r the i	busines	s name	of		Wo	ofte	r Pump and Wel	i inc.		
	(signature)					I									
Envir	RUCTION onment, B one for v	lureau of	Water	blanks , Tope	s and ka, K	circle fansas	the cori 66620-	rect ai 0001.	nswe Tele	rs. Send three ephone: 785-29	copie 6-35	es to Kansas Depa 65. Send one to V	rtment Vater W	of Health and rell Owner and	