WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

| 1 LOCAT                                                                                                                                                                                                                | ION OF WA                                                  | TER WEL                                                                  | L: F     | raction                 |                                                                           |                   |                                                 |          |                      | Section Numbe                   | er                                      | Township Number                               | Range Number      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------|----------|-------------------------|---------------------------------------------------------------------------|-------------------|-------------------------------------------------|----------|----------------------|---------------------------------|-----------------------------------------|-----------------------------------------------|-------------------|
| County:                                                                                                                                                                                                                | Sedgwick                                                   | k                                                                        |          | NW                      | 1/4                                                                       | NE                | 1/4                                             | NW       | 1/4                  | 36                              |                                         | 26                                            | 01 E              |
| Distance and direction from nearest town or city street address of well if located within city?  5252 E. 36 <sup>th</sup> St. North, Wichita                                                                           |                                                            |                                                                          |          |                         |                                                                           |                   |                                                 |          |                      |                                 |                                         |                                               |                   |
| 2 WATER<br>RR#, St.<br>City, Stat                                                                                                                                                                                      |                                                            |                                                                          |          |                         |                                                                           |                   | ard of Agriculture, Division of Water Resource: |          |                      |                                 |                                         |                                               |                   |
| _ MARK                                                                                                                                                                                                                 | WELL'S LO                                                  | CATON W                                                                  | ITH AN   | 4                       |                                                                           |                   |                                                 |          |                      |                                 |                                         | orr ramour.                                   |                   |
| "X" IN S                                                                                                                                                                                                               | SECTION BO                                                 | OX:                                                                      | DEP      | TH OF                   | WELL                                                                      |                   |                                                 | 2        | 3                    | ft.                             |                                         |                                               |                   |
|                                                                                                                                                                                                                        | WEL                                                        | L'S ST                                                                   | ATIC V   | VATER                   | R LEVEL                                                                   |                   | 17.45 f                                         | ft.      |                      |                                 |                                         |                                               |                   |
| X NW NE                                                                                                                                                                                                                |                                                            |                                                                          |          | WEL                     | L WAS                                                                     | USED              | AS:                                             |          |                      |                                 |                                         |                                               |                   |
|                                                                                                                                                                                                                        | 1                                                          | 1                                                                        |          | Ì                       |                                                                           | mestic            |                                                 |          |                      | c Water Supply                  |                                         | 9 Dewaterin                                   | <u> </u>          |
| W                                                                                                                                                                                                                      |                                                            |                                                                          | E        |                         |                                                                           | gation            |                                                 |          |                      | eld Water Supply                |                                         | 10 Monitoring                                 |                   |
|                                                                                                                                                                                                                        | SW                                                         | <br> <br>                                                                |          |                         |                                                                           | edlot<br>tustrial |                                                 |          |                      | and Garden (dome<br>onditioning | esuc)                                   | 11 Injection V<br>12 Other                    |                   |
|                                                                                                                                                                                                                        | 3W                                                         | 3E                                                                       |          | Was a ch                | Was a chemical/bacteriological sample submitted to Department?  Yes  No X |                   |                                                 |          |                      |                                 |                                         |                                               | lo <u>X</u>       |
|                                                                                                                                                                                                                        | If yes, mo                                                 | If yes, mo/day/yr sample was submitted  Water Well Disinfected: Yes No X |          |                         |                                                                           |                   |                                                 |          |                      |                                 |                                         |                                               |                   |
|                                                                                                                                                                                                                        | S                                                          |                                                                          |          | Water We                | ell Disin                                                                 | fected:           | . `                                             | Yes      |                      | No X                            |                                         |                                               |                   |
| 5 TYPE C                                                                                                                                                                                                               | F BLANK C                                                  | ASING U                                                                  | SED:     |                         |                                                                           |                   |                                                 |          |                      |                                 |                                         |                                               |                   |
| 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter 2 in. Was casing pulled? Yes X No If yes, how much                               |                                                            |                                                                          |          |                         |                                                                           |                   |                                                 |          |                      |                                 |                                         |                                               |                   |
| į.                                                                                                                                                                                                                     |                                                            |                                                                          |          |                         |                                                                           |                   |                                                 |          |                      |                                 | , ,,,,,                                 |                                               |                   |
| Casing                                                                                                                                                                                                                 | neight above                                               | or below                                                                 | iano sui | nace                    |                                                                           | ,<br>             | - 111.                                          | Jveiui   | III G                |                                 |                                         |                                               |                   |
| GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  Grout Plug Intervals From 1 ft. to 23 ft. From ft. to ft. From ft. to ft. From ft. to ft. What is the nearest source of possible contamination: |                                                            |                                                                          |          |                         |                                                                           |                   |                                                 |          |                      |                                 |                                         |                                               |                   |
| Villatis                                                                                                                                                                                                               | uic nearesi                                                | ( SOUICE O                                                               | possibi  | ie containi             | nauon.                                                                    |                   |                                                 |          |                      |                                 |                                         |                                               |                   |
| 1 Se                                                                                                                                                                                                                   |                                                            |                                                                          |          |                         |                                                                           | <u> </u>          |                                                 |          | 16 Other (specify be | elow)                           |                                         |                                               |                   |
| 2 Se                                                                                                                                                                                                                   | Pit privy                                                  |                                                                          |          |                         |                                                                           |                   | er storage                                      |          |                      |                                 |                                         |                                               |                   |
| 3 Wa<br>4 Lat                                                                                                                                                                                                          | •                                                          |                                                                          |          |                         |                                                                           | icide storage     |                                                 |          |                      |                                 |                                         |                                               |                   |
| 5 Ce                                                                                                                                                                                                                   | Feedyard 14 Abandoned w<br>Livestock pens 15 Oil well/ Gas |                                                                          |          |                         |                                                                           |                   |                                                 |          |                      |                                 |                                         |                                               |                   |
| Direction for                                                                                                                                                                                                          |                                                            |                                                                          | 10       | LIVESTOCK               | pens                                                                      |                   | ŀ                                               | low mar  |                      |                                 |                                         |                                               |                   |
| EPOM                                                                                                                                                                                                                   | то                                                         |                                                                          |          | UCCIN                   | C MA                                                                      | TEDIAL            |                                                 |          | ]                    |                                 |                                         |                                               |                   |
| FROM TO CODE  O 1 Soil                                                                                                                                                                                                 |                                                            |                                                                          |          | PLUGGING MATERIALS      |                                                                           |                   |                                                 |          |                      |                                 |                                         |                                               |                   |
| 0                                                                                                                                                                                                                      | 1                                                          |                                                                          |          |                         |                                                                           |                   |                                                 |          |                      |                                 |                                         |                                               |                   |
| 1                                                                                                                                                                                                                      | 23                                                         | onite                                                                    |          |                         |                                                                           |                   |                                                 |          |                      |                                 | ,                                       |                                               |                   |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                  |                                                            |                                                                          |          |                         |                                                                           |                   |                                                 |          |                      |                                 |                                         |                                               |                   |
|                                                                                                                                                                                                                        |                                                            |                                                                          |          |                         |                                                                           |                   |                                                 |          |                      |                                 |                                         |                                               |                   |
|                                                                                                                                                                                                                        |                                                            |                                                                          |          |                         |                                                                           |                   |                                                 |          |                      |                                 |                                         |                                               |                   |
|                                                                                                                                                                                                                        |                                                            |                                                                          |          |                         |                                                                           |                   |                                                 |          |                      |                                 |                                         |                                               |                   |
|                                                                                                                                                                                                                        |                                                            |                                                                          |          |                         |                                                                           |                   |                                                 |          |                      |                                 |                                         |                                               |                   |
| 7                                                                                                                                                                                                                      | TDACTOR                                                    | SOPLA                                                                    | UDO MA   | JED'S OF                | DTIEIO                                                                    | AT!01             | I. Th:-                                         |          |                      | was plugged under               | <br>                                    | uriadiation and was sa                        | malated           |
|                                                                                                                                                                                                                        | no/day/yr)                                                 | 3 UK LAI                                                                 | 4DOAN    | NER'S CE<br><b>8-7-</b> |                                                                           | MILON             | ı. ınıs                                         |          |                      |                                 |                                         | urisdiction and was co<br>t of my knowledge a | •                 |
| -                                                                                                                                                                                                                      | er Well Cor                                                | ntractor's                                                               | Licens   |                         |                                                                           |                   | 531                                             | _ and th | no it                | A                               |                                         | cord was completed                            |                   |
| wati                                                                                                                                                                                                                   |                                                            | ntractors<br>12-03                                                       | LICERS   | / i                     | na huci                                                                   | ness              |                                                 | of       |                      | - #/-                           |                                         | com was completed<br>nical Services, In       |                   |
| by                                                                                                                                                                                                                     |                                                            |                                                                          |          | ynder th                | ( n 🛶                                                                     | iness f           | iatile                                          | 01       | A                    | Z-                              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | incai Seivices, III                           |                   |
| by (signature)  INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and                                                                               |                                                            |                                                                          |          |                         |                                                                           |                   |                                                 |          |                      |                                 |                                         |                                               | ent of Health and |
|                                                                                                                                                                                                                        |                                                            |                                                                          |          |                         |                                                                           |                   |                                                 |          |                      |                                 |                                         | to Kansas Departi<br>-0001. Telephone:        |                   |
|                                                                                                                                                                                                                        | one to Wa                                                  |                                                                          |          |                         |                                                                           |                   |                                                 |          |                      |                                 |                                         |                                               |                   |