

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. \_\_\_\_\_

1	LOCATION OF WATER WELL: County: <b>Sedgwick</b> Distance and direction from nearest town or city street address of well if located within city? <b>5855 N. Broadway</b>	Fraction <b>SE ¼ SE ¼ NE ¼</b>	Section Number <b>17</b>	Township Number <b>26</b>	Range Number <b>01 East</b>																																				
2	WATER WELL OWNER: <b>Koch Industries</b> RR#, St. Address, Box # <b>5855 N. Broadway</b> City, State, ZIP Code : <b>Wichita, KS 67204</b> Board of Agriculture, Division of Water Resources Application Number: _____																																								
3	MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX: <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;">N W E S</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <div style="text-align: center; margin-left: 10px;">X E</div> </div>																																								
4	DEPTH OF WELL <b>27.05</b> ft. WELL'S STATIC WATER LEVEL <b>14.81</b> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div>           1 Domestic 2 Irrigation 3 Feedlot 4 Industrial         </div> <div>           5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning         </div> <div>           9 Dewatering 10 Monitoring Well 11 Injection Well <b>12 Other</b> </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No <b>X</b>																																								
5	TYPE OF BLANK CASING USED: 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 9 Other (specify below) _____ <b>2 PVC</b> <input checked="" type="checkbox"/> 4 ABC <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete Tile <input type="checkbox"/> Blank casing diameter <b>2</b> in. Was casing pulled? Yes _____ No <b>X</b> If yes, how much _____ Casing height above or below land surface <b>36</b> in. <b>Overdrilled to 3 feet below ground surface</b>																																								
6	GROUT PLUG MATERIAL: 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> <b>3 Bentonite</b> <input checked="" type="checkbox"/> 4 Other _____ Grout Plug Intervals From <b>3</b> ft. to <b>27.05</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div>           1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool         </div> <div>           6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens         </div> <div>           11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well         </div> <div>           16 Other (specify below) _____         </div> </div> Direction from well? _____ How many feet? _____																																								
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>12-21-04</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>1-19-05</b> under the business name of <b>Geotechnical Services, Inc.</b> by (signature) <i>Alison M. [Signature]</i>																																								
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																									