

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction NE 1/4 SE 1/4 NE 1/4	Section Number 20	Township Number 26	Range Number 01 E																																				
Distance and direction from nearest town or city street address of well if located within city? 5115 N. Broadway																																								
2 WATER WELL OWNER: RR#, St. Address, Box # City, State, ZIP Code :		Bettie McKee 11725 Alderny Ct. Unit 15 Wichita, KS 67212																																						
		Board of Agriculture, Division of Water Resources Application Number:																																						
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>		4 DEPTH OF WELL 24.62 ft. WELL'S STATIC WATER LEVEL 10.44 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 12 Other </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No X																																						
5 TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div> 1 Steel 2 PVC </div> <div> 3 RMP (SR) 4 ABC </div> <div> 5 Wrought 6 Asbestos-Cement </div> <div> 7 Fiberglass 8 Concrete Tile </div> <div> 9 Other (specify below) </div> </div> Blank casing diameter 2 in. Was casing pulled? Yes _____ No X If yes, how much _____ Casing height above or below land surface 240 in. Overdrilled to 20 feet below ground surface																																								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Plug Intervals From 1 ft. to 20 ft. From 20 ft. to 24.62 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? _____																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:10%;">CODE</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1</td> <td></td> <td>Asphalt</td> </tr> <tr> <td>1</td> <td>24.62</td> <td></td> <td>Bentonite 250 lbs</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	CODE	PLUGGING MATERIALS	0	1		Asphalt	1	24.62		Bentonite 250 lbs																								
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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) 2-4-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 2-11-05 under the business name of Geotechnical Services, Inc. by (signature)																																								
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.																																								