

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

A51-3

<b>1 LOCATION OF WATER WELL:</b>		<b>Fraction</b>		<b>Section Number</b>	<b>Township Number</b>	<b>Range Number</b>																																
County: <u>Sedgwick</u>		<u>NW 1/4 NW 1/4 NW 1/4</u>		<u>19</u>	<u>26S</u>	<u>01E</u>																																
Distance and direction from nearest town or city street address of well if located within city? <u>2435 W. 53rd Street</u>																																						
<b>2 WATER WELL OWNER:</b>				<b>Board of Agriculture, Division of Water Resources</b>																																		
RR#, St. Address, Box # <u>JAMES T ROSS</u>				Application Number:																																		
City, State, ZIP Code <u>Wichita KS 67202</u>																																						
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF WELL</b> <u>21.9</u> ft.																																				
<div style="text-align: center;"> X N  <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">X</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td><td></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td><td></td></tr> </table>  S W E </div>		X			NW	NE					SW	SE		WELL'S STATIC WATER LEVEL <u>~14</u> ft.																								
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WELL WAS USED AS:																																						
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Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																						
If yes, mo/day/yr sample was submitted _____																																						
Water Well Disinfected: Yes <input type="checkbox"/> No <input type="checkbox"/>																																						
<b>5 TYPE OF BLANK CASING USED:</b>																																						
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Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>overdrilled to 20'</u>																																						
Casing height above or below land surface _____ in.																																						
<b>6 GROUT PLUG MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____																																						
Grout Plug Intervals From <u>0</u> ft. to <u>21.9</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																						
What is the nearest source of possible contamination:																																						
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Direction from well? _____ How many feet? _____																																						
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <u>9/5/06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>10/4/06</u> under the business name of <u>Blocton Env. Engineering/Woofler</u> by (signature) <u>[Signature]</u> <u>Page 1 of 1</u>																																						
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: 785-298-3585. Send one to Water Well Owner and retain one for your records.																																						

RECEIVED

JAN 08 2009

BUREAU OF WATER