

# WATER WELL PLUGGING RECORD

Form WWC-5P

**KSA 82a-1212**

ID No.

3990  
Carried

MW-1

1 LOCATION OF WATER WELL: Fraction <u>NW 1/4 NW 1/4 NW 1/4</u> Section Number <u>19</u> Township Number <u>26S</u> Range Number <u>01E</u>																																	
County: <u>Sedgewick</u> Distance and direction from nearest town or city street address of well if located within city? <u>2435 W. 53rd Street Wichita</u>																																	
2 WATER WELL OWNER: <u>JAMES T ROSS</u> Board of Agriculture, Division of Water Resources RR#, St. Address, Box # <u>825 E 2nd</u> Application Number: City, State, ZIP Code <u>Wichita KS 67202</u>																																	
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <u>17.1</u> ft. WELL'S STATIC WATER LEVEL <u>14</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-around;"> <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> <p>Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, no/day/yr sample was submitted _____</p> <p>Water Well Disinfected: Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																
<div style="display: flex;"> <div style="flex: 1;"> <p>X</p> <table border="1" style="width: 100px; height: 100px; text-align: center; border-collapse: collapse;"> <tr><td colspan="2">N</td></tr> <tr><td>X NW</td><td>NE</td></tr> <tr><td colspan="2">E</td></tr> <tr><td>W SW</td><td>SE</td></tr> <tr><td colspan="2">S</td></tr> </table> </div> <div style="flex: 1; padding-left: 10px;"> <p>5 TYPE OF BLANK CASING USED:</p> <div style="display: flex; justify-content: space-between;"> <div> 1 Steel 2 <u>PVC</u> Blank casing diameter <u>2</u> in. </div> <div> 3 RMP (SR) 4 ABC Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>Overlapped to 20'</u> </div> </div> <p>Casing height above or below land surface _____ in.</p> </div> </div>		N		X NW	NE	E		W SW	SE	S																							
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<p>6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____</p> <p>Grout Plug Intervals From <u>0</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.</p> <p>What is the nearest source of possible contamination:</p> <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) <u>Old Gas Station on site.</u> </div> </div> <p>Direction from well? <u>on-site</u> How many feet? _____</p>																																	
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<p>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: 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>Bluestem Env. Engineering/Woodruff</u> by (signature) <u>W. H. H.</u></p>																																	
<p>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: 785-298-3565. Send one to Water Well Owner and retain one for your records.</p>																																	