WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: Sg	Fraction SW ¼ ¼ ¼	Section Number 18	Township Number 26	Range Number 1 E/W

Distance and direction from nearest town or city street address of well if located within city?

(business)

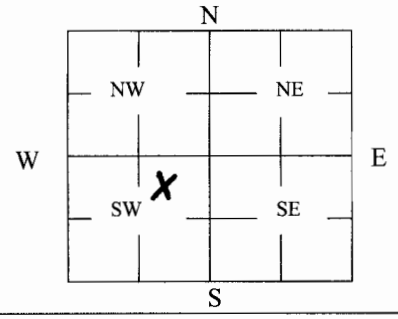
2 WATER WELL OWNER:

RR#, St. Address, Box #: 5465 No. Athenian

City, State ZIP Code: Wichita, Ks. 67204

Global Positioning Systems (decimal degrees, min. of 4 digits
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 20 ft.

WELL'S STATIC WATER LEVEL 15 ft 8 ft

WELL WAS USED AS:

1 Domestic
2 Irrigation
3 Feedlot
4 Industrial
5 Public Water Supply
6 Oil Field Water Supply
7 Domestic (Lawn & Garden)
8 Air Conditioning
9 Dewatering
10 Monitoring
11 Injection Well
12 Other _____

Was a chemical/bacteriological sample submitted to Department? Yes_____ No _____

5 TYPE OF BLANK CASING USED:

1 Steel
2 PVC
3 RMP (SR)
4 ABS
5 Wrought
6 Asbestos-Cement
7 Fiberglass
8 Concrete Tile
9 Other (Specify below) _____

Blank casing diameter 6 to 8 in. Was casing pulled? Yes _____ No X If yes, how much _____

Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank
2 Sewer lines
3 Watertight sewer lines
4 Lateral lines
5 Cess pool
6 Seepage pit
7 Pit privy
8 Sewage lagoon
9 Feedyard
10 Livestock pens
11 Fuel Storage
12 Fertilizer storage
13 Insecticide storage
14 Abandoned water well
15 Oil well/Gas well
16 Other (specify below) _____

Direction from well? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
20 ft.	10 ft.	Bentonite	10 ft	8 ft	Cement
8 ft	0 ft	Storm Cellar (open)			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/13/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____. This Water Well Record was completed on (mo/day/year) 2/18/10 under the business name of _____ by (signature) Dorothy E. Morton

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/geo/waterwells.

We have moved from Athenian our new address:

3163 W. Keywest Ct.
Wichita, Ks. 67204
316-838-6358