GS	SI Job No. 097271							WB-3	
W	ATER WELL PLUGGING RE	CORD Form WWO	-5P KSA	82a-1212	ID NO.				
1	LOCATION OF WATER WE County: Sedgwic	NE 1/4	NE ¼ NW	1/4	ion Number 35	26	Number S		E
	Distance and direction from 4111 E. 37 th St., Wichita	nearest town or city st	treet address o						
2	WATER WELL OWNER: K		Longitude:				grees, min. of 4		
	City, State, ZIP Code: W	/ichita, Kansas	Elevation: Datum: Data Collection M		ethod:				
3	WITH AN "X" IN SECTION		DEPTH OF WELL 7.42 ft. WELL'S STATIC WATER LEVEL			6.92	ft		
	WELL WAS USED AS:								
The state of the s	W SW SE	E 2 1 3 F 4 I	Domestic rrigation Feedlot ndustrial as a chemical/b	6 Oil Field 7 Domes 8 Air Con		ly 1 arden) 1	Dewateri 0 Monitorir 1 Injection 2 Other	ng Well	_
5	1 Steel 3 RMP (SR) 2 PVC 4 ABS Blank casing diameter	OF BLANK CASING USED: al 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 4 ABS 6 Asbestos-Cement 8 Concrete Tile casing diameter 1 in. Was casing pulled? Yes No X If yes, how much							
6	GROUT PLUG MATERIAL	Casing height above or below land surface 5 ft. GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
	Grout Plug Intervals: From 0.5 ft. to 7.42 ft., From ft. to ft., From to ft. What is the nearest source of possible contamination: Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below)								•
	2 Sewer lines3 Watertight sewer lines4 Lateral lines5 Cess pool	Sewer lines 7 Pit privy 12 Fertilizer storage Watertight sewer lines 8 Sewage lagoon Lateral lines 9 Feedyard 14 Abandoned water well Direction from well?							
	FROM TO 0.0 0.5	PLUGGING MATE Concrete	RIALS	FROM	ТО	PLU	GGING MA	TERIALS	_
	0.5 7.42								_
	* 0	* Overdrilled to 5.0' below surface							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 05/17/10 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/year) 06/01/10 under the business name of Geotechnical Services, Inc. by (signature)									

INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and