GSI Job No. 117026				3331 N. Mascot Well
WATER WELL BLUGGING RECORD	Form WAVC-5D	KCA 920 1212	ID NO	

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number				
Ľ	County: Sedgwick	NW 1/4 NE 1/4 SW 1/4	32	26S	1 E				
Distance and direction from nearest town or city street address of well if located within city? 3331 N. Mascot – Wichita									
2	WATER WELL OWNER: USD 259	Global Positioning System (decimal degrees, min. of 4 digits) Latitude:							
	RR#, St. Address, Box #: 3850 N. Hyd	Longitude: Elevation:							
City, State, ZIP Code: Wichita, KS 67219			Datum: Data Collection Method:						
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION	4 DEPTH OF WELL		t.					
	BOX: N	WELL'S STATIC WATE	LL'S STATIC WATER LEVEL 12.50 ft						
WELL WAS USED AS:									
	NW NE	Public Water Supply Oil Field Water Supply 9 Dewatering 10 Monitoring							
	W X	3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection							
	sw sE	4 Industrial 8	Air Conditioning	12 Other					
Was a chemical/bacteriological sample submitted to Department? Yes									
5	TYPE OF BLANK CASING USED:								
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)								
	2 PVC 4 ABS 6 As	bestos-Cement 8 Concrete							
Blank casing diameter in. Was casing pulled? Yes _X No If yes, how much _5 ft.									
_	Casing height above or below land su			1					
6	GROUT PLUG MATERIAL: 1 No	eat cement 2 Cement grou	t 3 Bentonite	4 Other					
	Grout Plug Intervals: From 0	ft. to 16.9 ft., From	ft. to	ft., From	to ft.				
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage									
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage									
	4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet?								
			ROM TO	PLUGGING MA	ATERIALS				
	0 16.9 E	Bentonite							
7	CONTRACTOR'S OR LANDOWNER'S	S CERTIFICATION: This water	r well was plugged	under my jurisdiction a	nd was				
	ompleted on (mo/day/year)02/	07/11 and this record is	s true to the best of	my knowledge and bel					
1	/ell Contractor's License No. 531	. This Water Well Reco	ord was completed	on (mo/day/year) 02	/11/1/1 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									
Er	nvironment, Bureau of Water, Geology S	Section, 1000 SW Jackson St	Ste. 420, Topeka. I	το κansas Department Kansas 66612-1367. Τ	of Health and elephone:				
78	785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell.								