

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u> SW <u>SW 1/4 NE 1/4 SW 1/4</u>		Fraction	Section Number <u>19</u>	Township Number <u>26 S</u>	Range Number <u>1 E</u>																																				
Distance and direction from nearest town or city street address of well if located within city?																																									
2 WATER WELL OWNER: <u>Bill Fox</u> RR#, St. Address, Box #: <u>2003 W. Timberneck Dr</u> City, State ZIP Code: <u>Wichita, KS</u>			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: <div style="text-align: center;"> N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px;">NW</td><td style="width: 20px;"></td><td style="width: 20px;">NE</td></tr> <tr><td style="width: 20px;">SW X</td><td style="width: 20px;"></td><td style="width: 20px;">SE</td></tr> </table> S </div>		NW		NE	SW X		SE	4 DEPTH OF WELL <u>30</u> ft. WELL'S STATIC WATER LEVEL _____ ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply <u>7 Domestic (Lawn & Garden)</u> 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring 11 Injection Well 12 Other _____ </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/>																																	
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5 TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div> 1 <u>PVC</u> 2 Steel </div> <div> 3 RMP (SR) 4 ABS </div> <div> 5 Wrought 6 Asbestos-Cement </div> <div> 7 Fiberglass 8 Concrete Tile </div> <div> 9 Other (Specify below) _____ </div> </div> Blank casing diameter <u>5</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No _____ If yes, how much _____ Casing height above or below land surface <u>cut 3ft below ground</u> in.																																									
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____ Grout Plug Intervals: From <u>4</u> ft. to <u>24</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines <u>3 Watertight sewer lines</u> 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) _____ Direction from well? <u>NORTH</u> How many feet? <u>30ft.</u> </div> </div> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:30%;">PLUGGING MATERIALS</th> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:30%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td colspan="6" style="height: 40px; vertical-align: top;"> <u>Top to bottom plugged</u> <u>w/ Bentonite</u> </td> </tr> <tr><td colspan="6" style="height: 30px;"></td></tr> <tr><td colspan="6" style="height: 30px;"></td></tr> <tr><td colspan="6" style="height: 30px;"></td></tr> <tr><td colspan="6" style="height: 30px;"></td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	<u>Top to bottom plugged</u> <u>w/ Bentonite</u>																													
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10/27/10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>6011</u> . This Water Well Record was completed on (mo/day/year) <u>10/27/10</u> under the business name of <u>Chase Drilling</u> by (signature) <u>D. Chase</u>																																									

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>.