

**WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.**
**CI-10**

|                                                                                                                                                                                                                                                                                            |                              |                             |                                  |                                                                                    |
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| <b>1 LOCATION OF WATER WELL:</b><br>County: <b>SEDGWICK</b><br>Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> <b>ON OR NEAR LOVE BOX CO.</b><br><br><b>PROPERTY</b> | Fraction<br>SW ¼ SW ¼ SW ¼ ¼ | Section Number<br><b>28</b> | Township Number<br>T <b>26</b> S | Range Number<br>1 <input checked="" type="checkbox"/> E <input type="checkbox"/> W |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|----------------------------------|------------------------------------------------------------------------------------|

**Global Positioning Systems (GPS) information:**  
 Latitude: 37deg 45' 08.29"N (in decimal degrees)  
 Longitude: 97deg 19' 57.79"W (in decimal degrees)  
 Elevation: \_\_\_\_\_  
 Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27  
 Collection Method:  
☐ GPS unit (Make/Model: \_\_\_\_\_)  
☒ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey  
 Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

|                                                                                                                                                   |  |
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| <b>2 WATER WELL OWNER: LOVE BOX CO.</b><br>RR#, St. Address, Box #: <b>700 E. 37TH ST. NORTH</b><br>City, State ZIP Code: <b>WICHITA KS 67219</b> |  |
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| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><br><div style="text-align: center;"> </div> | <b>4 DEPTH OF WELL</b> <u>40</u> <b>ft.</b><br>WELL'S STATIC WATER LEVEL <u>NA</u> <b>ft</b><br>WELL WAS USED AS:<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Domestic<br/> <input type="checkbox"/> Irrigation<br/> <input type="checkbox"/> Feedlot<br/> <input type="checkbox"/> Industrial         </div> <div> <input type="checkbox"/> Public Water Supply<br/> <input type="checkbox"/> Oil Field Water Supply<br/> <input type="checkbox"/> Domestic (Lawn &amp; Garden)<br/> <input type="checkbox"/> Air Conditioning         </div> <div> <input type="checkbox"/> Dewatering<br/> <input checked="" type="checkbox"/> Monitoring<br/> <input type="checkbox"/> Injection Well<br/> <input type="checkbox"/> Other _____         </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
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**5 TYPE OF BLANK CASING USED:**  

☐ Steel  
☒ PVC

☐ RMP (SR)  
☐ ABS

☐ Wrought  
☐ Asbestos-Cement

☐ Fiberglass  
☐ Concrete Tile

☐ Other (Specify below) \_\_\_\_\_

 Blank casing diameter 1 in. Was casing pulled? Yes ☒ No ☐ If yes, how much UPPER 5FT  
 Casing height above or below land surface 6 BELOW in.
 
**6 GROUT PLUG MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other \_\_\_\_\_  
 Grout Plug Intervals: From 40 ft. to 1 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  

☐ Septic tank  
☐ Sewer lines  
☐ Watertight sewer lines  
☐ Lateral lines  
☐ Cess pool

☐ Seepage pit  
☐ Pit privy  
☐ Sewage lagoon  
☐ Feedyard  
☐ Livestock pens

☐ Fuel Storage  
☐ Fertilizer storage  
☐ Insecticide storage  
☐ Abandoned water well  
☐ Oil well/Gas well

☐ Other (specify below) \_\_\_\_\_  
 UNKNOWN

 Direction from well? \_\_\_\_\_  
 How many feet? \_\_\_\_\_  

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|------|----|--------------------|
| 40   | 1  | BENTONITE SLURRY   |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was p lugged under my jurisdiction and was completed on (mo/day/year) 8/6/2013 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 709. This Water Well Record was completed on (mo/day/year) 8/14/2013 under the business name of PLAINS ENVIRONMENTAL SERVICES by (signature) Jesse Kalvig
**INSTRUCTIONS:** Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.