

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

AS-12

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																				
County: Sedgwick		SE ¼ SE ¼ SE ¼	17	26S	1E																																				
Distance and direction from nearest town or city street address of well if located within city? 5403 N. Broadway, Wichita, KS																																									
2 WATER WELL OWNER: Lewis Williams																																									
RR#, St. Address, Box # North Highway 56																																									
City, State, ZIP Code : Moscow, KS																																									
Board of Agriculture, Division of Water Resources Application Number:																																									
3 MARK WELL'S LOCATION WITH AN 'X' IN SECTION BOX:		4 DEPTH OF WELL 29.5 ft.																																							
<div style="text-align: center;"> </div>		WELL'S STATIC WATER LEVEL 14 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 7 Lawn and Garden (domestic) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other 12 Air Sparge </div> </div>																																							
		Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes <input type="checkbox"/> No <input type="checkbox"/>																																							
5 TYPE OF BLANK CASING USED:																																									
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile																																									
Blank casing diameter 2 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much 3 feet																																									
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 _____ ft. 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 5 Cess Pool 10 Livestock pens 15 Oil well/ Gas well																																									
Direction from well? _____ How many feet? _____																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:10%;">CODE</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td></td> <td>Native materials</td> </tr> <tr> <td>3</td> <td>29.5</td> <td></td> <td>Bentonite grout</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	CODE	PLUGGING MATERIALS	0	3		Native materials	3	29.5		Bentonite grout																								
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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/yr) 6/17/14 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/yr) 6/23/14 under the business name of _____ by (signature) <i>N. Licht</i> Bluestem Environmental Engineering, Inc.																																									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																									