WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID No. AS-1

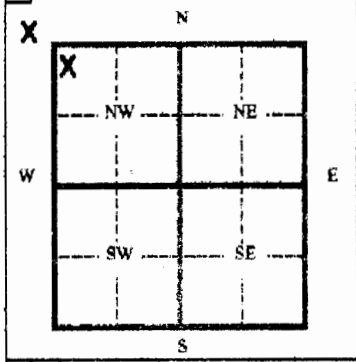
| 1 LOCATION OF WATER WELL: County: Sedgwick | Fraction NW ¼ NW ¼ NW ¼ | Section Number 21 | Township Number 26 | Range Number 1E |
|---|---|---|---|---|

Distance and direction from nearest town or city street address of well if located within city?
Wally's Auto, 5360 N. Broadway, Wichita

2 WATER WELL OWNER: Roseann Harpster
RR#, St. Address, Box # 5650 N Broadway
City, State, ZIP Code : Wichita, KS 67219

Board of Agriculture, Division of Water Resources
Application Number:

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:




4 DEPTH OF WELL 28 ft.

WELL'S STATIC WATER LEVEL 14.7 ft.

WELL WAS USED AS:

1 Domestic 5 Public Water Supply 9 Dewatering
2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well
3 Feedlot 7 Lawn and Garden (domestic) (11) Injection Well
4 Industrial 8 Air Conditioning 12 Other

Was a chemical/bacteriological sample submitted to Department? Yes ___ No ___
If yes, mo/day/yr sample was submitted
Water Well Disinfected: Yes ___ No ___

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 X No ___ 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?

| FROM | TO | CODE | PLUGGING MATERIALS |
|---|---|---|---|
| 0 | 3 | | Native materials |
| 3 | 28 | | Bentonite chips |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 10/29/14 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) 11/5/14 under the business name of Bluestem Environmental Engineering, Inc.
by (signature)

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.

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