

## WATER WELL PLUGGING RECORD

Form WWG-5P

KSA 82a-1212

ID No.

AS-6

<b>1 LOCATION OF WATER WELL:</b>	Fraction NW 1/4 NW 1/4 NW 1/4	Section Number 21	Township Number 26	Range Number 1E																																				
County: Sedgwick																																								
Distance and direction from nearest town or city street address of well if located within city? Wally's Auto, 5360 N. Broadway, Wichita																																								
<b>2 WATER WELL OWNER:</b> 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:																																								
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF WELL</b> 26.5 ft.																																							
	<b>WELL'S STATIC WATER LEVEL</b> 14.4 ft.																																							
	<b>WELL WAS USED AS:</b>																																							
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Was a chemical/bacteriological sample submitted to Department? Yes ___ No ___ If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes ___ No ___																																								
<b>5 TYPE OF BLANK CASING USED:</b>																																								
1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (specify below) <b>2 PVC</b> 4 ABC      6 Asbestos-Cement      8 Concrete Tile																																								
Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No ___ If yes, how much <u>3</u> feet																																								
Casing height above or below land surface _____ in.																																								
<b>6 GROUT PLUG MATERIAL:</b> 1 Neat cement    2 Cement grout <b>3 Bentonite</b> 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:																																								
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Direction from well? _____ How many feet? _____																																								
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <u>10/28/14</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>11/5/14</u> under the business name of <u>Bluestem Environmental Engineering, Inc.</u> This Water Well Record was completed on (mo/day/yr) _____ by (signature) <u>[Signature]</u>																																								
<b>INSTRUCTIONS:</b> 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.																																								