

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

AS-8

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																
County: Sedgwick	NW ¼ NW ¼ NW ¼	21	26	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			Board of Agriculture, Division of Water Resources																																	
City, State, ZIP Code Wichita, KS 67219			Application Number:																																	
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 25 ft.																																		
<div style="text-align: center;"> N X <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> S W E </div>											WELL'S STATIC WATER LEVEL 14.8 ft.																									
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5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) <input checked="" type="radio"/> 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 <input checked="" type="radio"/> 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: <table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td><input checked="" type="radio"/> 11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/ Gas well</td> <td></td> </tr> </table> Direction from well? _____ How many feet? _____					1 Septic tank	6 Seepage pit	<input checked="" type="radio"/> 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													
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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) 10/28/14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 11/5/14 under the business name of Bluestem Environmental Engineering, Inc. by (signature) <i>[Signature]</i>																																				
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: 785-296-3585. Send one to Water Well Owner and retain one for your records.																																				