

WATER WELL PLUGGING RECORD

Form WWQ-5P

KSA 82a-1212

ID No.

AS-10

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																				
County: <u>Sedgwick</u>	NW $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$	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																																								
City, State, ZIP Code Wichita, KS 67219																																								
Board of Agriculture, Division of Water Resources Application Number:																																								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 25 ft.																																						
		WELL'S STATIC WATER LEVEL 14.2 ft.																																						
		WELL WAS USED AS:																																						
		1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 <u>Injection Well</u> 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) <u>2 PVC</u> 4 ABC 6 Asbestos-Cement 8 Concrete Tile																																								
Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>x</u> No ____ If yes, how much <u>3</u> feet																																								
Casing height above or below land surface _____ in.																																								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 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 <u>11 Fuel storage</u> 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Household 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>25</td> <td></td> <td>Bentonite chips</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	25		Bentonite chips																								
FROM	TO	CODE	PLUGGING MATERIALS																																					
0	3		Native materials																																					
3	25		Bentonite chips																																					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: 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>Bluesiem Environmental Engineering, Inc.</u> This Water Well Record was completed on (mo/day/yr) _____ by (signature) <u>[Signature]</u>																																								
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.																																								