

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>	Fraction <u>SE 1/4 SE 1/4 NW 1/4</u>	Section Number <u>29</u>	Township Number <u>T 26 S</u>	Range Number <u>01</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
--	---	-----------------------------	----------------------------------	--

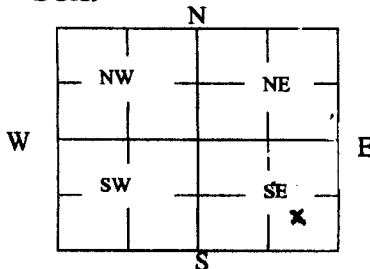
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ 3851 N Broadway
Wichita, KS 67219
Sta. 42+90

Global Positioning Systems (GPS) information:
Latitude: 37.755520 (in decimal degrees)
Longitude: -97.343580 (in decimal degrees)
Elevation: 1323.35
Horizontal Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27
Collection Method:

2 WATER WELL OWNER:
RR#, St. Address, Box #: KDOT
3200 E 45th St N
City, State ZIP Code: Wichita, KS 67220

☐ GPS unit (Make/Model: _____)
☒ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
Est. Accuracy: ☐ < 3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ > 15 m

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



4 DEPTH OF WELL 36 ft.
WELL'S STATIC WATER LEVEL 13.5 ft.
WELL WAS USED AS:

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> Feedlot | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning | <input checked="" type="checkbox"/> Other <u>unknown</u> |

Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒

5 TYPE OF BLANK CASING USED:

- ☐ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below)
☒ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile

Blank casing diameter 6 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 5 ft
Casing height above or below land surface 60 in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____

Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Seepage pit | <input type="checkbox"/> Fuel storage | <input checked="" type="checkbox"/> Other (specify below)
<u>unknown</u> |
| <input type="checkbox"/> Sewer lines | <input type="checkbox"/> Pit privy | <input type="checkbox"/> Fertilizer storage | |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon | <input type="checkbox"/> Insecticide storage | |
| <input type="checkbox"/> Lateral lines | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Abandoned water well | |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | |
- Direction from well? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>3</u>	<u>Topsoil</u>			
<u>3</u>	<u>36</u>	<u>Bentonite</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/6/19 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A. This Water Well Record was completed on (mo/day/year) 5/6/19 under the business name of KDOT by (signature) Samuel E. [Signature]

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.

Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.

KSA82a-1212

Revised 1/20/2015