

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u> Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> <u>S21 W 39th St N</u> <u>Wichita, KS 67204</u> <u>Sta. 428 + 20</u>	Fraction <u>SE 1/4 SW 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
Global Positioning Systems (GPS) information: Latitude: <u>37.755338</u> (in decimal degrees) Longitude: <u>-97.343554</u> (in decimal degrees) Elevation: <u>1321.24</u> Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method:		<input type="checkbox"/> GPS unit (Make/Model: _____) <input checked="" type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		

2 WATER WELL OWNER: RR#, St. Address, Box #: <u>KDOT 3200 E 45th St N</u> City, State ZIP Code: <u>Wichita, KS 67220</u>	<input type="checkbox"/> GPS unit (Make/Model: _____) <input checked="" type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px;">SE</td> </tr> </table> S W E </div>	NW	NE	SW	SE	4 DEPTH OF WELL <u>11.5</u> ft. WELL'S STATIC WATER LEVEL <u>Dry</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial </div> <div style="width: 30%;"> <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning </div> <div style="width: 30%;"> <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input checked="" type="checkbox"/> Other <u>unknown</u> </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
NW	NE				
SW	SE				

5 TYPE OF BLANK CASING USED:

<input type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other (Specify below) _____
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile	

Blank casing diameter 6 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 3 ft
 Casing height above or below land surface 36 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> Direction from well? _____ How many feet? _____
<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	

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>3</u>	<u>Topsoil</u>			
<u>3</u>	<u>11.5</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) [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.