

NW SW SE SW

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO. _____

1	LOCATION OF WATER WELL:	Fraction 1/4 1/4 1/4	Section Number 27 28	Township Number 27 27S	Range Number 27 1 EAST																					
County: <u>Sedgewick</u>																										
Distance and direction from nearest town or city street address of well if located within city? <u>See below</u>																										
2	WATER WELL OWNER: <u>Steve McGaugh</u>																									
RR #, St. Address, Box #: <u>1505 S. Santa Fe</u>			Board of Agriculture, Division of Water Resources																							
City, State, ZIP Code: <u>Wichita KS 67211</u>			Application Number: _____																							
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																									
<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;">N W E S</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> <tr><td></td><td></td><td></td></tr> </table> <div style="text-align: center; margin-left: 10px;">E</div> </div> <div style="margin-top: 10px; text-align: right;">X</div>									NW		NE				SW		SE									
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SW		SE																								
4	DEPTH OF WELL <u>30</u> ft. WELL'S STATIC WATER LEVEL <u>10</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other </div> </div>																									
Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <input checked="" type="checkbox"/> No																										
5	TYPE OF BLANK CASING USED:																									
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile																										
Blank casing diameter <u>5</u> in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much Casing height above or below land surface in.																										
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																									
Grout Plug Intervals: From <u>10</u> ft. to <u>30</u> ft., From ft. to ft., From to ft.																										
What is the nearest source of possible contamination:																										
1 Septic tank 6 Seepage pit 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																										
Direction from well? <u>north</u> How many feet? <u>32</u>																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>30</td> <td>10</td> <td>gravel</td> </tr> <tr> <td>10</td> <td>0</td> <td>cement</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	30	10	gravel	10	0	cement												
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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/year) <u>4-6-01</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>38</u> This Water Well Record was completed on (mo/day/year) <u>4-6-01</u> under the business name of <u>Weninger Drilling Inc.</u> by (signature) <u>Thane G. Gals</u>																									
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.																										