

NW SE SW NW

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO. \_\_\_\_\_

| 1   | LOCATION OF WATER WELL:  | Fraction                | Section Number  | Township Number         | Range Number    |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
|---|--|-------------------------|-----------------|-------------------------|-----------------|---------------|---------------|--------------------|---------------|-------------------------|-----------------------|--------------------------|-------------------|------------------------|-----------------|------------|-------------------------|-------------|--|----------------------|--|--|------------|-----------------------|--------------|--------------|--------------------------|--------------------|-----------|---------------------------------------|-------------------|--------------|--------------------|----------------|
|   | County: <u>SEDGWICK</u>  | <u>1/4 8/4 1/4 1/4</u>  | <u>6</u>        | <u>27S</u>              | <u>R1E EAST</u> |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>inside attached garage NE corner 2631 N Athenian, Wichita KS</u>  |  |                         |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| 2   | WATER WELL OWNER: <u>Robert Perry</u><br><u>3636 N. Ridge Rd</u><br>RR #, St. Address, Box #: <u>Wichita KS</u><br>City, State, ZIP Code : <u>Wichita KS</u>   |                         |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| Board of Agriculture, Division of Water Resources<br>Application Number: <u>unknown</u>   |  |                         |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| 3   | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><br><div style="text-align: center;">           N<br/> <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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">NW</td><td></td><td style="text-align: center;">NE</td><td></td></tr> <tr><td style="text-align: center;">X</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">SW</td><td></td><td style="text-align: center;">SE</td><td></td></tr> </table>           S         </div>  |                         |                 |                         |                 |               | NW            |                    | NE            |                         | X                     |                          |                   |                        | SW              |            | SE                      |             | 4 DEPTH OF WELL ..... <u>30</u> ..... ft<br><br>WELL'S STATIC WATER LEVEL ..... <u>12</u> ..... ft.<br><br>WELL WAS USED AS:<br><table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 <u>Domestic (Lawn &amp; Garden)</u></td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table> |                      |  |  | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | 7 <u>Domestic (Lawn &amp; Garden)</u> | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other ..... |
|   |  |                         |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| NW  |  | NE                      |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| X   |  |                         |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| SW  |  | SE                      |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| 1 Domestic  | 5 Public Water Supply  | 9 Dewatering            |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| 2 Irrigation  | 6 Oil Field Water Supply   | 10 Monitoring Well      |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| 3 Feedlot   | 7 <u>Domestic (Lawn &amp; Garden)</u>  | 11 Injection Well       |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| 4 Industrial  | 8 Air Conditioning   | 12 Other .....          |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>X</u> .....<br>If yes, mo/day/yr sample was submitted .....<br><br>Water Well Disinfected: Yes <u>X</u> ..... No .....   |  |                         |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| 5   | TYPE OF BLANK CASING USED:<br><table style="width:100%;"> <tr> <td><u>Steel</u></td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>   |                         |                 |                         |                 | <u>Steel</u>  | 3 RMP (SR)    | 5 Wrought          | 7 Fiberglass  | 9 Other (Specify below) | 2 PVC                 | 4 ABS                    | 6 Asbestos-Cement | 8 Concrete Tile        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| <u>Steel</u>  | 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>2</u> ..... in. Was casing pulled? Yes ..... No <u>X</u> ..... If yes, how much .....<br>Casing height above or below land surface ..... <u>0</u> ..... in.  |  |                         |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| 6   | GROUT PLUG MATERIAL: 1 Neat cement <u>2 Cement grout</u> <u>3 Bentonite</u> 4 Other .....<br>Grout Plug Intervals: From <u>12</u> ft. to <u>2</u> ft., From <u>2</u> ft. to <u>0</u> ft., From ..... to ..... ft.<br><br>What is the nearest source of possible contamination:<br><table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> </tr> </table> |                         |                 |                         |                 | 1 Septic tank | 6 Seepage pit | 11 Fuel storage    | 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 |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| 1 Septic tank   | 6 Seepage pit  | 11 Fuel storage         |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| 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>NE</u> ..... How many feet? <u>1 ft</u> .....   |  |                         |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| <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:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>2</u></td> <td><u>0</u></td> <td><u>Cement</u></td> </tr> <tr> <td><u>12</u></td> <td><u>2</u></td> <td><u>Bentonite</u></td> </tr> <tr> <td><u>30</u></td> <td><u>12</u></td> <td><u>sand / bleach</u></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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |  |                         |                 |                         |                 | FROM          | TO            | PLUGGING MATERIALS | <u>2</u>      | <u>0</u>                | <u>Cement</u>         | <u>12</u>                | <u>2</u>          | <u>Bentonite</u>       | <u>30</u>       | <u>12</u>  | <u>sand / bleach</u>    |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| FROM  | TO   | PLUGGING MATERIALS      |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| <u>2</u>  | <u>0</u>   | <u>Cement</u>           |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| <u>12</u>   | <u>2</u>   | <u>Bentonite</u>        |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| <u>30</u>   | <u>12</u>  | <u>sand / bleach</u>    |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
|   |  |                         |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
|   |  |                         |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
|   |  |                         |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
|   |  |                         |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
|   |  |                         |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |
| 7   | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>8/13/02</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>628</u> This Water Well Record was completed on (mo/day/year) <u>8/14/02</u> under the business name of <u>MEATER-1525</u><br>by (signature) <u>[Signature]</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.   |  |                         |                 |                         |                 |               |               |                    |               |                         |                       |                          |                   |                        |                 |            |                         |             |  |                      |  |  |            |                       |              |              |                          |                    |           |                                       |                   |              |                    |                |