

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: Sedgwick	SE ¼ NW ¼ NW ¼	04	27	01 E
Distance and direction from nearest town or city street address of well if located within city? 2829 N. Emporia, Wichita				
2 WATER WELL OWNER: Milton Glickman				
RR#, St. Address, Box #		Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Wichita, KS 67214		Application Number:		
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 18 ft.		
		WELL'S STATIC WATER LEVEL _____ ft.		
		WELL WAS USED AS:		
		1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Lawn and Garden (domestic) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other _____		
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No X		
5 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile				
Blank casing diameter 2 in. Was casing pulled? Yes X No _____ If yes, how much 18 ft.				
Casing height above or below land surface _____ in. Overdrilled to 18 ft bgs.				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____				
Grout Plug Intervals From 1 ft. to 18 ft. From _____ ft. to _____ ft. From _____ ft. 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? _____ How many feet? _____				
FROM	TO	CODE	PLUGGING MATERIALS	
0	1		Concrete	
1	18		Bentonite Chips, hydrated	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 10-2-02 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 2-7-03 under the business name of Geotechnical Services, Inc. by (signature)				
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: 785-296-3565. Send one to Water Well Owner and retain one for your records.				