

Well #2

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 NW NE 1/4 SE 1/4 SW 1/4		36	27S	R1E E/W																								
Distance and direction from nearest town or city street address of well if located within city? 2228 McAdam (backyard) Wichita KS 67218																													
2	WATER WELL OWNER: Karin Linenberger 2228 McAdam RR #, St. Address, Box #: Wichita KS 67218 City, State, ZIP Code : Wichita KS 67218																												
Board of Agriculture, Division of Water Resources Application Number: Unknown																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL 40 ft.																									
<div style="text-align: center;">N</div> <table border="1" style="width:100%; height: 150px; border-collapse: collapse;"> <tr><td style="width: 25%;">NW</td><td style="width: 25%;">NE</td></tr> <tr><td style="width: 25%;">SW</td><td style="width: 25%;">SE</td></tr> </table> <div style="text-align: center;">S</div>			NW	NE	SW	SE	WELL'S STATIC WATER LEVEL 20 ft.																						
			NW	NE																									
			SW	SE																									
			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 <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted 4/10/03 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 5 in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much Casing height above or below land surface 0 in.																													
6	GROUT PLUG MATERIAL: 1 Neat cement <u>Cement grout</u> 3 Bentonite 4 Other																												
Grout Plug Intervals: From 20 ft. to 3 ft., From ft. to ft., From to ft.																													
What is the nearest source of possible contamination:																													
<div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div> <u>16 Other (specify below)</u> Gyp Creek </div> </div>																													
Direction from well? EAST How many feet? 85'																													
<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>20</td> <td>0</td> <td>Taproot Cement</td> </tr> <tr> <td>40</td> <td>20</td> <td>Sand/Cement/bleach</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	20	0	Taproot Cement	40	20	Sand/Cement/bleach															
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/4/03 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 515102 This Water Well Record was completed on (mo/day/year) 5/5/03 under the business name of Karin Linenberger by (signature) <i>[Signature]</i>																												
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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.																													