

Allison's Domestic Well

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	SW 1/4 NW 1/4 SW 1/4	08	27	01 E																				
Distance and direction from nearest town or city street address of well if located within city? 1638 Hood Street																								
2 WATER WELL OWNER: Allison Irwin RR#, St. Address, Box # 1638 Hood St. City, State, ZIP Code : Wichita, KS 67203																								
Board of Agriculture, Division of Water Resources Application Number:																								
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 20.3 ft. WELL'S STATIC WATER LEVEL 10.3 ft. WELL WAS USED AS: <table style="width:100%; border: none;"> <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><u>7 Lawn and Garden (domestic)</u></td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> 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			1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	<u>7 Lawn and Garden (domestic)</u>	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other								
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5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) <u>2 PVC</u> 4 ABC 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter 4 in. Was casing pulled? Yes _____ No X If yes, how much _____ Casing height above or below land surface Flush in. (with basement floor)																								
6 GROUT PLUG MATERIAL: <u>1 Neat cement</u> 2 Cement grout <u>3 Bentonite</u> 4 Other _____ Grout Plug Intervals From 0 ft. to 8.3 ft. From 8.3 ft. to 10.3 ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: <table style="width:100%; border: none;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/ Gas well</td> <td></td> </tr> </table> Direction from well? _____ How many feet? _____					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	
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FROM	TO	CODE	PLUGGING MATERIALS																					
0	8.3		Neat Cement	Note: Well could not be overdrilled since it was located within the basement of the house.																				
8.3	10.3		Bentonite Chips																					
10.3	20.3		Sand, Chlorinated																					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 7-5-03 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) 7-7-03 under the business name of Geotechnical Services, Inc. by (signature) <i>Allison Irwin</i>																								
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.																								