

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 SW ¼ SE ¼	4	27	01 E

Distance and direction from nearest town or city street address of well if located within city?

1100 E. 21st St. N., Wichita, KS

2 WATER WELL OWNER:

RR#, St. Address, Box #

Board of Agriculture, Division of Water Resources

City, State, ZIP Code

Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

NW	NE
SW	SE

W E

S

X

4 DEPTH OF WELL **25** 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 **6** in. Was casing pulled? Yes _____ No **X** If yes, how much _____Casing height above or **below land surface** **240** in. **Overdrilled from 0 to 20 ft. below ground surface.**6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other _____Grout Plug Intervals From **0** ft. to **25** 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	25		Bentonite Grout

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **5-20-05** 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) **5-26-05** under the business name of **Geotechnical Services, Inc.** by (signature) *[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.