

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. 00354561

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																				
County: Sedgwick	NE ¼ SE ¼ NW ¼	29	27	01 E																																				
Distance and direction from nearest town or city street address of well if located within city? 820 S. Osage, Wichita																																								
2 WATER WELL OWNER:		USD 259																																						
RR#, St. Address, Box #		3850 N. Hydraulic																																						
City, State, ZIP Code :		Wichita, KS 67219																																						
		Board of Agriculture, Division of Water Resources Application Number:																																						
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 18 ft.																																						
N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px;">W</td> <td style="width: 40px; text-align: center;">NW</td> <td style="width: 40px; text-align: center;">NE</td> <td style="width: 20px;">E</td> </tr> <tr> <td></td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> <td></td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">S</td> <td></td> </tr> </table>		W	NW	NE	E		X				SW	SE			S			WELL'S STATIC WATER LEVEL 13.75 ft.																						
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WELL WAS USED AS:																																								
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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:																																								
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Blank casing diameter 2 in. Was casing pulled? Yes _____ No X If yes, how much _____																																								
Casing height above or below land surface 0 in. Overdrilled to 20 feet below ground surface																																								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																								
Grout Plug Intervals From 2 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																								
What is the nearest source of possible contamination:																																								
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Direction from well? _____ How many feet? _____																																								
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 3-10-05 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) 3-18-05 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.																																								