

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. _____

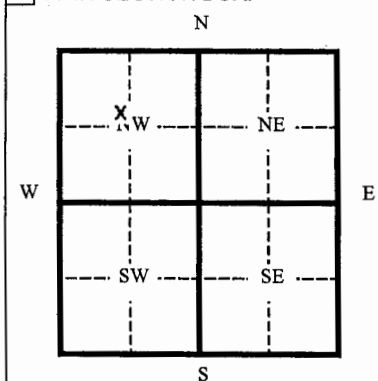
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sedgwick	NW 1/4 NW 1/4 SW 1/4	36	27	01 E

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

2004 S. Oliver, Wichita

2 WATER WELL OWNER:	KDHE	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #	1000 SW Jackson St. Suite 410	Application Number:
City, State, ZIP Code :	Topeka, KS 66612	

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

4 DEPTH OF WELL **29.84** ft.WELL'S STATIC WATER LEVEL **20.63** 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 _____ No **X** If yes, how much _____Casing height above or below land surface **240** in. **Overdrilled to 20 feet below ground surface (bgs)**

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
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Grout Plug Intervals From **0** ft. to **0.33** ft. From **0.33** ft. to **29.84** 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	0.33		Concrete
0.33	29.84		Bentonite 300 lbs

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 11-21-05 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) 12-15-05 under the business name of Geotechnical Services, Inc. by (signature) <i>[Signature]</i>
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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.