

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. _____

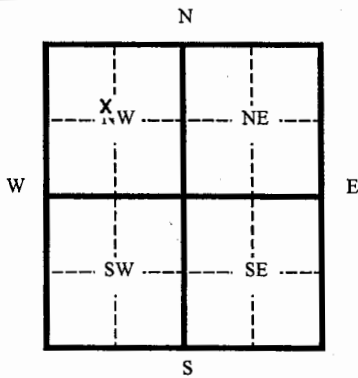
| | | | | |
|---------------------------|-----------------------|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: Sedgwick | NW ¼ NW ¼ SW ¼ | 36 | 27 | 01 E |

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

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

4 DEPTH OF WELL **29.81** ft.WELL'S STATIC WATER LEVEL **17.8** 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 _____Grout Plug Intervals From **0** ft. to **0.33** ft. From **0.33** ft. to **29.81** 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 | 29.81 | | Bentonite 400lbs |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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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. KansasWater 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)

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.