

## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

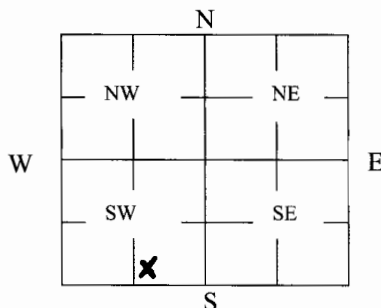
1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number  
 County: SEDGWICK SW 1/4 SE 1/4 SW 1/4 27 T27 S R1E E/W

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

1 ft north of 1324 S. Ash, Wichita KS 67211

2 WATER WELL OWNER: Pat Diem Global Positioning Systems (decimal degrees, min. of 4 digits)  
 RR#, St. Address, Box #: 5712 Mariola Place NE Latitude: \_\_\_\_\_  
 City, State ZIP Code: Albuquerque NM Longitude: \_\_\_\_\_  
87111 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_

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

4 DEPTH OF WELL 18 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     |
| 3 Feedlot    | <u>Domestic (Lawn &amp; Garden)</u> | 11 Injection Well |
| 4 Industrial | 8 Air Conditioning                  | 12 Other _____    |

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No X

## 5 TYPE OF BLANK CASING USED:

- |                |            |                   |                 |                         |
|----------------|------------|-------------------|-----------------|-------------------------|
| <u>1 Steel</u> | 3 RMP (SR) | 5 Wrought         | 7 Fiberglass    | 9 Other (Specify below) |
| 2 PVC          | 4 ABS      | 6 Asbestos-Cement | 8 Concrete Tile |                         |

Blank casing diameter 1 1/4 in. Was casing pulled? Yes X No \_\_\_\_\_ If yes, how much 2.5 ft  
 Casing height above or below and surface 30 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_Grout Plug Intervals: From 18 ft. to 2.5 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

- |                          |                   |                         |                                 |
|--------------------------|-------------------|-------------------------|---------------------------------|
| 1 Septic tank            | 6 Seepage pit     | 11 Fuel Storage         | <u>16 Other (specify below)</u> |
| 2 Sewer lines            | 7 Pit privy       | 12 Fertilizer storage   | <u>well was abandoned</u>       |
| 3 Watertight sewer lines | 8 Sewage lagoon   | 13 Insecticide storage  |                                 |
| 4 Lateral lines          | 9 Feedyard        | 14 Abandoned water well | Direction from well? _____      |
| 5 Cess pool              | 10 Livestock pens | 15 Oil well/Gas well    | How many feet? _____            |

| FROM       | TO         | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------------|------------|--------------------|------|----|--------------------|
| <u>2.5</u> | <u>0</u>   | <u>Top Soil</u>    |      |    |                    |
| <u>18</u>  | <u>2.5</u> | <u>Bentinite</u>   |      |    |                    |
|            |            |                    |      |    |                    |
|            |            |                    |      |    |                    |
|            |            |                    |      |    |                    |
|            |            |                    |      |    |                    |
|            |            |                    |      |    |                    |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/3/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 628. This Water Well Record was completed on (mo/day/year) 11/3/07 under the business name of JM Enterprises by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.