w	ATER WELL PLUGGING RECORD	Form WWC-5P	KSA	82a-1212	ID NO.	NA	
1	LOCATION OF WATER WELL: County: Sedgwick	Fraction NE 1/4 NE 1/4	NE		ction Number	Township Number	Range Number
	Distance and direction from nearest town or city street address of well if located within city? 455 N. Broadway, Wichita						
2	WATER WELL OWNER: KDHE-BEI	digits	Global Positioning System (decimal degrees, min. of 4 digits) Latitude:				
	RR#, St. Address, Box #: 1000 SW J	•		Ele	Longitude: Elevation:		
	City, State, ZIP Code: Topeka, K			Datum: Data Collection Method:			
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION	4 DEPTH OF W	VELL		20.31 ft.		
	BOX: N	WELL'S STA	TIC W	ATER LEV	/EL	15.37	ft
	WELL WAS USED AS:						
	W E	1 Domestic		l	Water Supply		
	VV SW SE	2 Irrigation 3 Feedlot		7 Dome	eld Water Supp stic (Lawn & G	arden) 11 Injectio	n Well
	SW SE 4 Industrial 8 Air Conditioning 12 Other Was a chemical/bacteriological sample submitted to Department? Yes						
_	TYPE OF BLANK CASING USED:						
5	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter 2 in. Was casing pulled? Yes No X If yes, how much						
6			in. ement (grout	3 Bentonite	4 Other Soi	I
	Grout Plug Intervals: From 20.31 ft. to 0.5 ft., From 0.5 ft. to 0 ft., From to						
	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 How many feet?						
		ING MATERIALS		FROM	TO	PLUGGING M	ATERIALS
	0 0.5 0.5 20.31 Ber	Concrete ntonite Chips			 		
						A-4	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 01/30/08 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/year) 02/04/08 under the							
of	siness name Geotechnical Service	es, Inc. by (signatı	ıre)	J.//	Ave	
IN	STRUCTIONS: Please fill in blanks or	circle the correct ans	swers	Send ton	three copies to	Kansas Departmen	t 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/waterwell.