					WATER WELL PLUGGING RE	ECORD F	form WWC-5P	KSA 82a-1	212 ID N	o		
1	LOCATION OF WATER WELL:				Fraction	Section	Number	Township	Number	Range	Number	
Co	County: Sedgwick				SE ₁₄ NE ₁₄ NW ₁₄	20		27S		1	(E)W	
		direction from		or c	ity street address of well if loca entral Avenue, Wichita,		y?					
2	2 WATER WELL OWNER: Westar Energy											
RR #, St. Address, Box #: 122 SW 2nd Street Board of Agriculture, D City, State, ZIP Code : Topeka, KS 66603 Application Number:									ater Resourc	es		
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N				4 DEPTH OF WELL20.5 ft. WELL'S STATIC WATER LEVEL							
w	X NE E				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 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other							
5	TYPE OF BLANK CASING USED:											
	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											
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Topsoil/grass Grout Plug Intervals: From 20.5 ft. to 3 ft., From 3 ft. to 6 ft., From to 6 ft.											
What is the nearest source of possible contamination:												
 Septic tank Sewer lines Watertight sewer lines Lateral lines Cess pool 					6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	13 Inse 14 Aba 15 Oil v	lizer storage cticide storage ndoned water v vell/Gas well	well	Other (specify below) Former ASTs			
	Directi	on from well?	·	•••••	How many f	feet?		*********				
	FROM TO PL				IGGING MATERIALS							
20.5		3	Bentonite									
	3	0	Topsoil/gra	SS		_						
7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/30/2008 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 708 This Water Well Record was completed on (mo/day/year) 10/2/2008 under the business name of Aquaterra Environmental Solutions, Inc. by (signature)											
IN	STRUCTI	ONS: Use t	pewriter or b	all	point pen. Please press firm	nly and print	clearly. Pleas	se fill in blank	s, underline	or circle th	ne correct	
					as Department of Health an 67. Telephone: 785/296-552							