

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

IAS-3

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																
County: Sedgwick	SW 1/4 NW 1/4 SW 1/4	33	27S	1E																																
Distance and direction from nearest town or city street address of well if located within city? 2160 South Broadway, Wichita																																				
2 WATER WELL OWNER: Discount Cigarettes		Board of Agriculture, Division of Water Resources																																		
RR#, St. Address, Box # 2160 South Broadway		Application Number:																																		
City, State, ZIP Code : Wichita, Kansas																																				
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 30.08 ft.																																			
<div style="text-align: center;">N</div> <div style="display: flex; justify-content: space-between;"> X </div> <table border="1" style="margin: auto; text-align: center;"> <tr> <td>NW</td> <td>NE</td> </tr> <tr> <td>SW</td> <td>SE</td> </tr> </table> <div style="display: flex; justify-content: space-between;"> W E </div> <div style="text-align: center;">S</div>	NW	NE	SW	SE	WELL'S STATIC WATER LEVEL 18.85 ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-around;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other </div> </div>																															
	NW	NE																																		
	SW	SE																																		
	Was a chemical/bacteriological sample submitted to Department? Yes ___ No ___																																			
If yes, mo/day/yr sample was submitted _____																																				
Water Well Disinfected: Yes ___ No ___																																				
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 _____ in. Was casing pulled? Yes <input checked="" type="checkbox"/> No _____ If yes, how much 3 ft																																				
Casing height above or below land surface - 36 in.																																				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ③ Bentonite 4 Other _____																																				
Grout Plug Intervals From 0 ft to 30.08 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																				
What is the nearest source of possible contamination:																																				
<div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> ⑪ Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well </div> <div> 16 Other (specify below) _____ </div> </div>																																				
Direction from well? _____ How many feet? _____																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>CODE</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>30.08</td> <td></td> <td>Bentonite</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	CODE	PLUGGING MATERIALS	0	30.08		Bentonite																								
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 4/30/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 5/10/07 under the business name of Joy Woofen b/H Woofen Pump and Well by (signature) <i>Joy Woofen b/H</i>																																				
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: 785-298-3565. Send one to Water Well Owner and retain one for your records.																																				

RECEIVED
JAN 08 2009
BUREAU OF WATER