

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

IAS-4

| 1 LOCATION OF WATER WELL: | Fraction SW 1/4 NW 1/4 SW 1/4 | Section Number 33 | Township Number 27S | Range Number 1E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------------------|---|----------------------------|------------------------|---|----|------|--------------------|------------|-----------------------|--------------|--------------|--------------------------|---------------------------|-----------|------------------------------|-------------------|--------------|--------------------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| County: Sedgwick | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distance and direction from nearest town or city street address of well if located within city? 2160 South Broadway, <u>Wichita</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 29.64 ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="text-align: center;">N</div> <div style="display: flex; justify-content: space-between;"> X </div> <table border="1" style="margin: 10px auto; border-collapse: collapse; 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 18.55 ft. WELL WAS USED AS: <table style="width:100%; margin-top: 10px;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>8 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden (domestic)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>6 Air Conditioning</td> <td>12 Other</td> </tr> </table> | | | | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 8 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | 7 Lawn and Garden (domestic) | 11 Injection Well | 4 Industrial | 6 Air Conditioning | 12 Other | | | | | | | | | | | | | | | | |
| | NW | NE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SW | SE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4 Industrial | 6 Air Conditioning | 12 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <u>X</u> No _____ If yes, how much <u>3 ft</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Casing height above or below land surface <u>-36</u> in. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grout Plug Intervals From <u>0</u> ft. to <u>29.64</u> ft. From _____ ft. to _____ 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? _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:10%;">CODE</th> <th style="width:60%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>29.64</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 | 29.64 | | 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) <u>4/30/07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>5/10/07</u> under the business name of <u>Woofer Pump and Well</u> by (signature) <u>Jay Woofer</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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BUREAU OF WATER