

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

SV-1

<b>1 LOCATION OF WATER WELL:</b>	Fraction	Section Number	Township Number	Range Number																																				
County: Sedgwick	SW ¼ NW ¼ SW ¼	33	27S	1E																																				
Distance and direction from nearest town or city street address of well if located within city? 2160 South Broadway Wichita																																								
<b>2 WATER WELL OWNER:</b> Discount Cigarettes																																								
RR#, St. Address, Box # 2160 South Broadway																																								
City, State, ZIP Code : Wichita, Kansas																																								
Board of Agriculture, Division of Water Resources Application Number:																																								
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF WELL</b> 19.9 ft.																																							
	<b>WELL'S STATIC WATER LEVEL</b> 18.9 ft.																																							
	<b>WELL WAS USED AS:</b>																																							
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Was a chemical/bacteriological sample submitted to Department? Yes ____ No ____ If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes ____ No ____																																								
<b>5 TYPE OF BLANK CASING USED:</b>																																								
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.																																								
<b>6 GROUT PLUG MATERIAL:</b> 1 Neat cement    2 Cement grout    ③ Bentonite    4 Other _____																																								
Grout Plug Intervals From 0 ft. to 19.9 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																								
What is the nearest source of possible contamination:																																								
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Direction from well? _____ How many feet? _____																																								
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and 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 Jay Woofen by MH Woofen Pump and Well																																								
by (signature)																																								
<b>INSTRUCTIONS:</b> 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