

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

SV-2

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 <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 19.5 ft.																							
	WELL'S STATIC WATER LEVEL 18.15 ft.																							
	WELL WAS USED AS:																							
	<table style="width:100%;"> <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								
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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 ___																								
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>-3.6</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>19.5</u> 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? _____																						
FROM	TO	CODE	PLUGGING MATERIALS																					
0	19.5		Bentonite																					
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>Woofter Pump and Well</u> by (signature) <u>Jay Woofen b/m</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.																								

RECEIVED

JAN 08 2009

BUREAU OF WATER