

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. *Quoted*

SV-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 <i>Wichita</i>																																													
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.																																										
<div style="text-align: center;"> </div>			WELL'S STATIC WATER LEVEL 17.8 ft.																																										
			WELL WAS USED AS:																																										
			<div style="display: flex; justify-content: space-between;"> <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>																																										
			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 <i>X</i> No _____ If yes, how much <i>3 ft</i>																																													
Casing height above or below land surface <i>-3.4</i> in.																																													
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																													
Grout Plug Intervals From <i>0</i> ft. to <i>19.5</i> 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 style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:10%;">CODE</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>19.5</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> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>										FROM	TO	CODE	PLUGGING MATERIALS	0	19.5		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) <i>4/30/07</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>554</i> This Water Well Record was completed on (mo/day/yr) <i>5/10/07</i> under the business name of <i>Joy Woofen & M</i> Woofen Pump and Well by (signature) <i>Joy C. Woofen</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: 785-298-3585. Send one to Water Well Owner and retain one for your records.																																													

RECEIVED
 JAN 08 2009
 BUREAU OF WATER