

## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

<b>1 LOCATION OF WATER WELL:</b> County: Sedgwick Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 1010 East Douglas, Wichita, KS	Fraction NE 1/4 NE 1/4 NE 1/4 SW 1/4	Section Number 21	Township Number T 27 S	Range Number 1 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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<b>2 WATER WELL OWNER:</b> QuikTrip Corporation RR#, St. Address, Box #: 4705 S. 129th East Ave. City, State ZIP Code: Tulsa, OK 74146	<b>Global Positioning Systems (GPS) information:</b> Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m
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<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"> </div>	<b>4 DEPTH OF WELL</b> 26.10 ft. WELL'S STATIC WATER LEVE 13.80 ft WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic  <input type="checkbox"/> Irrigation  <input type="checkbox"/> Feedlot  <input type="checkbox"/> Industrial         </div> <div style="width: 30%;"> <input type="checkbox"/> Public Water Supply  <input type="checkbox"/> Oil Field Water Supply  <input type="checkbox"/> Domestic (Lawn &amp; Garden)  <input type="checkbox"/> Air Conditioning         </div> <div style="width: 30%;"> <input type="checkbox"/> Dewatering  <input type="checkbox"/> Monitoring  <input checked="" type="checkbox"/> Injection Well  <input type="checkbox"/> Other AS1         </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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**5 TYPE OF BLANK CASING USED:**  

☐ Steel  
☒ PVC

☐ RMP (SR)  
☐ ABS

☐ Wrought  
☐ Asbestos-Cement

☐ Fiberglass  
☐ Concrete Tile

☐ Other (Specify below) \_\_\_\_\_

 Blank casing diameter 2 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 3 Feet  
 Casing height above or below land surface in.
 6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other \_\_\_\_\_

Grout Plug Intervals: From 3 ft. to 26.10 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Septic tank<br><input type="checkbox"/> Sewer lines<br><input type="checkbox"/> Watertight sewer lines<br><input type="checkbox"/> Lateral lines<br><input type="checkbox"/> Cess pool | <input type="checkbox"/> Seepage pit<br><input type="checkbox"/> Pit privy<br><input type="checkbox"/> Sewage lagoon<br><input type="checkbox"/> Feedyard<br><input type="checkbox"/> Livestock pens | <input type="checkbox"/> Fuel Storage<br><input type="checkbox"/> Fertilizer storage<br><input type="checkbox"/> Insecticide storage<br><input type="checkbox"/> Abandoned water well<br><input type="checkbox"/> Oil well/Gas well | <input checked="" type="checkbox"/> Other (specify below)<br>Lust Site _____<br>Direction from well? _____<br>How many feet? _____ |
|---|--|---|--|

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	1	Concrete			
1	3	Native Soils			
3	26.10	Bentonite Grout			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/30/2009 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 594. This Water Well Record was completed on (mo/day/year) 12/23/2009 under the business name of Coranco Great Plains, Inc. by (signature) \_\_\_\_\_

**INSTRUCTIONS:** Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

Check one: ☒ White Copy ☐ Blue Copy ☐ Pink Copy