

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sedgwick	NE ¼ NW ¼ NW ¼	3	27S	1

Distance and direction from nearest town or city street address of well if located within city?
North of 21st St on New York St. - Wichita

2 WATER WELL OWNER: Union Pacific Railroad	Global Positioning System (decimal degrees, min. of 4 digits)
RR#, St. Address, Box #: 1416 Dodge St., Rm. 930	Latitude: _____
City, State, ZIP Code: Omaha, NE 68179	Longitude: _____
	Elevation: _____
	Datum: _____
	Data Collection Method: _____

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 27.26 ft.												
	<p>WELL'S STATIC WATER LEVEL 13.50 ft</p> <p>WELL WAS USED AS:</p> <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 <u>Other</u> Recovery</td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department? Yes ___ No <u>X</u></p>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 <u>Other</u> Recovery
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5 TYPE OF BLANK CASING USED:	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
	2 <u>PVC</u>	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter **6** in. Was casing pulled? Yes X No ___ If yes, how much **3** ft.

Casing height above or below land surface **36** in.

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 <u>Bentonite</u>	4 Other
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Grout Plug Intervals: From **3** ft. to **27.26** ft., From _____ ft. to _____ ft., From _____ 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	Direction from well?
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet?

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	Native Soil			
3	27.26	Bentonite Flowable Grout			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **06/15/10** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531**. This Water Well Record was completed on (mo/day/year) **07/01/10** under the business name of **Geotechnical Services, Inc.** by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks 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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell>.