

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

MW-26

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																				
County: <u>Sedgwick</u>	SW $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$	33	27	1E																																				
Distance and direction from nearest town or city street address of well if located within city? 2160 S Broadway, Wichita, KS																																								
2 WATER WELL OWNER: Discount Cigarettes																																								
RR#, St. Address, Box # 2160 S Broadway																																								
City, State, ZIP Code : Wichita, KS																																								
3 MARK WELL'S LOCATION WITH AN 'X' IN SECTION BOX:																																								
<div style="text-align: center;"> N X <table border="1" style="margin: auto; text-align: center;"> <tr><td></td><td>NW</td><td>NE</td><td></td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td></td><td>SW</td><td>SE</td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>S</td><td></td><td></td></tr> </table> </div>			NW	NE		W			E		SW	SE							S			4 DEPTH OF WELL <u>26</u> ft.																		
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W			E																																					
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WELL'S STATIC WATER LEVEL <u>19</u> ft.																																								
WELL WAS USED AS:																																								
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Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/>																																								
If yes, mo/day/yr sample was submitted _____																																								
Water Well Disinfected: Yes <input type="checkbox"/> No <input type="checkbox"/>																																								
5 TYPE OF BLANK CASING USED:																																								
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Blank casing diameter <u>1</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>3</u> feet																																								
Casing height above or below land surface _____ in.																																								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																								
Grout Plug Intervals From _____ ft. to _____ 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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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <u>8/31/11</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>9/8/11</u> under the business name of <u>Niddhrt</u> This Water Well Record was completed on (mo/day/yr) _____ by (signature) _____ Bluestem Environmental Engineering, Inc.																																								
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.																																								