

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

S10

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction NE 1/4 SW 1/4 NE 1/4 NW 1/4	Section Number 18	Township Number T 27 S	Range Number 1 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐

Global Positioning Systems (GPS) information:

Latitude: 37.7059160 (in decimal degrees)

Longitude: -97.3650550 (in decimal degrees)

Elevation:

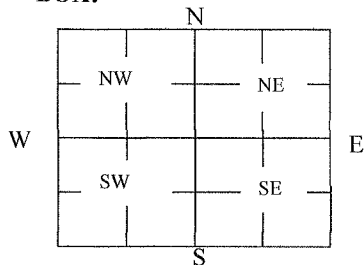
Datum: ☐ WGS84, ☒ NAD83, ☐ NAD27

Collection Method:

☒ GPS unit (Make/Model: Handheld☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land SurveyEst. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: City of Wichita
RR#, St. Address, Box #: PO Box 9163
City, State ZIP Code: Wichita, KS 67277

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 41 ft.

WELL'S STATIC WATER LEVEL 12 ft

WELL WAS USED AS:

☐ Domestic
☐ Irrigation
☐ Feedlot
☐ Industrial

☒ Public Water Supply
☐ Oil Field Water Supply
☐ Domestic (Lawn & Garden)
☐ Air Conditioning

☐ Dewatering
☐ Monitoring
☐ Injection Well
☐ Other
Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒

5 TYPE OF BLANK CASING USED:

☒ Steel
☐ PVC☐ RMP (SR)
☐ ABS☐ Wrought
☐ Asbestos-Cement☐ Fiberglass
☐ Concrete Tile☐ Other (Specify below)

Blank casing diameter 18 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____ in.
Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: ☒ Neat cement ☐ Cement grout ☒ Bentonite ☒ Other Chlorinated Gravel

Grout Plug Intervals: From 0 ft. to 10 ft., From 10 ft. to 20 ft., From 20 ft. to 41 ft.

What is the nearest source of possible contamination:

☐ Septic tank
☐ Sewer lines
☐ Watertight sewer lines
☐ Lateral lines
☐ Cess pool

☐ Seepage pit
☐ Pit privy
☐ Sewage lagoon
☐ Feedyard
☐ Livestock pens

☐ Fuel Storage
☐ Fertilizer storage
☐ Insecticide storage
☒ Abandoned water well
☐ Oil well/Gas well
☐ Other (specify below)

Direction from well? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	10	Neat Cement			
10	20	Bentonite Seal			
20	41	Chlorinated Gravel			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 06/05/2012 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 755. This Water Well Record was completed on (mo/day/year) 04/30/2013 under the business name of Sargent Drilling 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