

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: <u>SEDGWICK</u>		<u>SE 1/4 NE 1/4 SE 1/4</u>	<u>27</u>	<u>T 27 S</u>	<u>1</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W																																																						
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/>			Global Positioning Systems (GPS) information:																																																								
<u>3016 Aloma Wichita KS 67211</u>			Latitude: _____ (in decimal degrees)																																																								
			Longitude: _____ (in decimal degrees)																																																								
			Elevation: _____																																																								
			Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27																																																								
2 WATER WELL OWNER: <u>Ruth Cummings</u> RR#, St. Address, Box #: <u>3016 Aloma</u> City, State ZIP Code: <u>Wichita KS 67211</u>			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																																																								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:			Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m																																																								
			4 DEPTH OF WELL <u>15</u> ft.																																																								
			WELL'S STATIC WATER LEVEL _____ ft																																																								
			WELL WAS USED AS:																																																								
			<input type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Monitoring <input type="checkbox"/> Feedlot <input checked="" type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Injection Well <input type="checkbox"/> Industrial <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Other _____																																																								
			Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																								
5 TYPE OF BLANK CASING USED:																																																											
<input checked="" type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile																																																											
Blank casing diameter <u>1 3/4</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>5 ft</u>																																																											
Casing height above or below land surface <u>60</u> in.																																																											
6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____																																																											
Grout Plug Intervals: From <u>15</u> ft. to <u>2</u> ft., From <u>2</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft.																																																											
What is the nearest source of possible contamination:																																																											
<input type="checkbox"/> Septic tank <input type="checkbox"/> Seepage pit <input type="checkbox"/> Fuel storage <input checked="" type="checkbox"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Fertilizer storage <u>Well was abandoned</u> <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Lateral lines <input type="checkbox"/> Feedyard <input type="checkbox"/> Abandoned water well Direction from well? _____ <input type="checkbox"/> Cess pool <input type="checkbox"/> Livestock pens <input type="checkbox"/> Oil well/Gas well How many feet? _____																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>2</u></td> <td><u>0</u></td> <td><u>Cement</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>15</u></td> <td><u>2</u></td> <td><u>Bentonite</u></td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	<u>2</u>	<u>0</u>	<u>Cement</u>				<u>15</u>	<u>2</u>	<u>Bentonite</u>																																							
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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/year) <u>8/8/13</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>628</u> . This Water Well Record was completed on (mo/day/year) <u>8/9/13</u> under the business name of <u>J Mentore</u> by (signature) <u>[Signature]</u>																																																											
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 .																																																											