

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: SEDGWICK	Fraction NW 1/4 SW 1/4 NW 1/4	Section Number 5	Township Number T27S	Range Number R1E E/W
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Distance and direction from nearest town or city street address of well if located within city?

Basement - 1320 W 26th St. S Wichita KS 67204

2 WATER WELL OWNER: Dixie Kelley RR#, St. Address, Box #: 1827 N Westfield St City, State ZIP Code: Wichita KS 67212	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N	
NW	NE
X	
SW	SE
S	

W E

4 DEPTH OF WELL **21** ft.

WELL'S STATIC WATER LEVEL **15** ft

WELL WAS USED AS:

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 Other _____

Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter **1 3/4** in. Was casing pulled? Yes **X** No _____ If yes, how much **5 ft.**

Casing height above or below land surface **60** in.

6 GROUT PLUG MATERIAL:

1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
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Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

1 Sewer lines	6 Seepage pit	11 Fuel Storage	16 Other (specify below)
3 Watertight sewer lines	7 Pit privy	12 Fertilizer storage	
4 Lateral lines	8 Sewage lagoon	13 Insecticide storage	
5 Cess pool	9 Feedyard	14 Abandoned water well	Direction from well? Overhead
	10 Livestock pens	15 Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
3	0	Cement			
8	3	Sand			
15	8	Bentonite			
21	15	Sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **11/23/13** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **628**. This Water Well Record was completed on (mo/day/year) **11/25/13** under the business name of **JM Enterprises** by (signature) *[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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.