

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

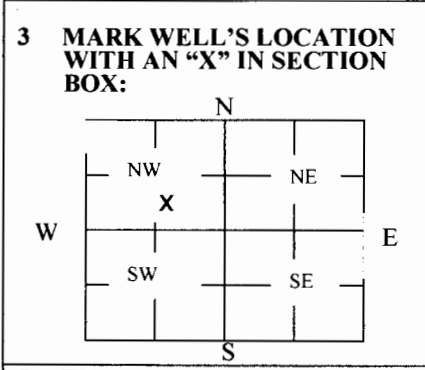
AS-2

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>	Fraction NW 1/4 SE 1/4 NW 1/4 1/4	Section Number <u>28</u>	Township Number T <u>27</u> 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 1202 S Washington, Wichita, KS
Great Bend, Kansas

2 WATER WELL OWNER: KDHE-BER
RR#, St. Address, Box #: 1000 SW Jackson
City, State ZIP Code: Topeka, KS 66620

Global Positioning Systems (GPS) information:
Latitude: 37.6715 (in decimal degrees)
Longitude: 97.3258 (in decimal degrees)
Elevation: 1294
Datum: WGS84, NAD83, NAD27
Collection Method:
 GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m



4 DEPTH OF WELL 32 ft.
WELL'S STATIC WATER LEVEL 17.2 ft
WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other Remediation
Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile
Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much 3'
Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____
Grout Plug Intervals: From 3 ft. to 32 ft., From _____ ft. to _____ ft., From _____ to _____ ft.
What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel Storage Other (specify below)
 Sewer lines Pit privy Fertilizer storage
 Watertight sewer lines Sewage lagoon Insecticide storage
 Lateral lines Feedyard Abandoned water well
 Cess pool Livestock pens Oil well/Gas well
Direction from well? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>3</u>	<u>Native Soil</u>			
<u>3</u>	<u>32</u>	<u>Bentonite</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/25/2016 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 708. This Water Well Record was completed on (mo/day/year) 6/10/2016 under the business name of SCS Engineers 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