

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

RMW9

| | | | | |
|--|----------------------------|----------------------|---------------------------|--|
| 1 LOCATION OF WATER WELL: County: Sedgwick | Fraction NE ¼ SE ¼ NW ¼ | Section Number 21 | Township Number T 27 S | Range Number 1 <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

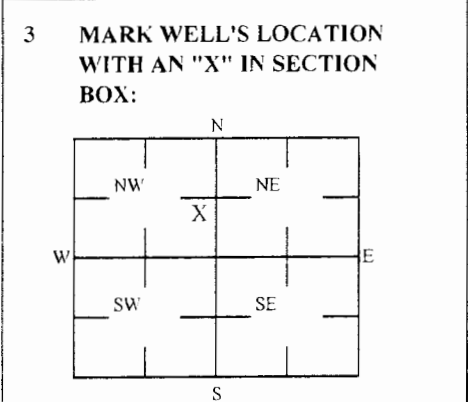
927 E. 2nd St. N. Wichita. KS 67202

Global Positioning Systems (GPS) information:
 Latitude: NA (in decimal degrees)
 Longitude: NA (in decimal degrees)
 Elevation: NA

Horizontal 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

2 WATER WELL OWNER: KDHE (Ross Service Center)
 RR#, St. Address, Box #: 1000 SW Jackson, Ste 410
 City, State ZIP Code: Topeka, KS 66612



4 DEPTH OF WELL 24.15 ft. RMW9

WELL'S STATIC WATER LEVEL NA ft

WELL WAS USED AS:

| | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input checked="" type="checkbox"/> Monitoring |
| <input type="checkbox"/> Feedlot | <input 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 No

5 TYPE OF BLANK CASING USED:

| | | | | |
|---|-----------------------------------|--|--|---|
| <input type="checkbox"/> Steel | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought | <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Other (Specific below) _____ |
| <input checked="" type="checkbox"/> PVC | <input type="checkbox"/> ABS | <input type="checkbox"/> Asbestos-Cement | <input type="checkbox"/> Concrete Tile | |

Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface NA in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 0 ft to 24.15 ft. From _____ ft to _____ 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 type="checkbox"/> Other (specify below) _____ |
| <input type="checkbox"/> Sewer lines | <input type="checkbox"/> Pit privy | <input type="checkbox"/> Fertilizer storage | |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon | <input type="checkbox"/> Insecticide storage | |
| <input type="checkbox"/> Lateral lines | <input type="checkbox"/> Feed yard | <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? _____ |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|-------|--------------------|------|----|--------------------|
| 0 | 24.15 | Bentonite | | | |
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KDHE ID: Ross Service Center: U2-087-00202

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/20/2018 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 9/14/2018 under the business name of Larsen & Associates, Inc. By (signature) _____

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.