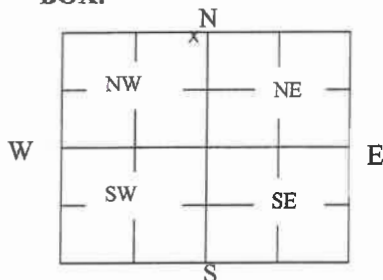


WATER WELL PLUGGING RECORD Form WWC-5P
KSA 82a-1212
ID NO.
MW4

1 LOCATION OF WATER WELL: County: SEDGWICK	Fraction NE ¼ NE ¼ NW ¼ ¼	Section Number 10	Township Number T 27 S	Range Number 1 ☒ E ☐ W
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: 37.721726 (in decimal degrees) Longitude: -97.308987 (in decimal degrees) Elevation: 1302.05 Horizontal Datum: ☒ WGS84, ☐ NAD83, ☐ NAD27 Collection Method:		

2 WATER WELL OWNER: ROBERT ALFORD RR#, St. Address, Box #: 2203 E. 21ST N City, State ZIP Code: WICHITA, KS 67214	☐ GPS unit (Make/Model: _____) ☐ Digital Map/Photo, ☐ Topographic Map, ☒ Land Survey Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL 24.75 ft.

 WELL'S STATIC WATER LEVEL **19.40** 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 _____ |

 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'** BGS
 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 **24.75** ft., From _____ ft. to _____ ft., From _____ ft. 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? **NORTHEAST**

 How many feet? **30**

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	.5	GRASS			
.5	3	COMPACTED SILT/CLAY			
3	24.75	BENTONITE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **9/10/19** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585**. This Water Well Record was completed on (mo/day/year) **10/8/19** under the business name of **ASSOCIATED ENVIRONMENTAL 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.

