

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

MW5

<b>1 LOCATION OF WATER WELL:</b> County: Sedgwick		Fraction SE ¼ SW ¼ SW ¼ NE ¼		Section Number 6		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 <input type="checkbox"/>  2600 N Amidon, Wichita KS				<b>Global Positioning Systems (GPS) information:</b> Latitude: 37.73013 (in decimal degrees) Longitude: 97.36253 (in decimal degrees) Elevation: NA Horizontal Datum <input type="checkbox"/> WGS84, <input checked="" type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method:																																																																													
				GPS unit (Make/model): _____ <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m																																																																													
<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box #: 1000 SW Jackson Blvd City, State ZIP Code: Topeka, KS 66612																																																																																	
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"> </div>				<b>4 DEPTH OF WELL</b> 23.6 ft. MW5  WELL'S STATIC WATER LEVEL NA ft  WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Domestic  <input type="checkbox"/> Irrigation  <input type="checkbox"/> Feedlot  <input type="checkbox"/> Industrial         </div> <div> <input type="checkbox"/> Public Water Supply  <input type="checkbox"/> Oil Field Water Supply  <input type="checkbox"/> Domestic (Lawn &amp; Garden)  <input type="checkbox"/> Air Conditioning         </div> <div> <input type="checkbox"/> Dewatering  <input checked="" type="checkbox"/> Monitoring  <input type="checkbox"/> Injection Well  <input type="checkbox"/> Other         </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																																													
<b>5 TYPE OF BLANK CASING USED:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Steel  <input checked="" type="checkbox"/> PVC         </div> <div> <input type="checkbox"/> RMP (SR)  <input type="checkbox"/> ABS         </div> <div> <input type="checkbox"/> Wrought  <input type="checkbox"/> Asbestos-Cement         </div> <div> <input type="checkbox"/> Fiberglass  <input type="checkbox"/> Concrete Tile         </div> <div> <input type="checkbox"/> Other (Specific below) _____         </div> </div> Blank casing diameter 2 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much 3' Casing height above or below land surface NA in.																																																																																	
<b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Soil and gravel: 0-3'  Grout Plug Intervals: From 3 ft to 23.6 ft, From _____ ft to _____ ft, From _____ ft to _____ ft.  What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Septic tank  <input type="checkbox"/> Sewer lines  <input type="checkbox"/> Watertight sewer lines  <input type="checkbox"/> Lateral lines  <input type="checkbox"/> Cess pool         </div> <div> <input type="checkbox"/> Seepage pit  <input type="checkbox"/> Pit privy  <input type="checkbox"/> Sewage lagoon  <input type="checkbox"/> Feed yard  <input type="checkbox"/> Livestock pens         </div> <div> <input type="checkbox"/> Fuel storage  <input type="checkbox"/> Fertilizer storage  <input type="checkbox"/> Insecticide storage  <input type="checkbox"/> Abandoned water well  <input type="checkbox"/> Oil well/Gas well         </div> <div> <input type="checkbox"/> Other (specify below) _____          Direction from well? _____          How many feet? _____         </div> </div>																																																																																	
<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>0</td> <td>3</td> <td>Soil and gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>23.6</td> <td>Bentonite</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> <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	0	3	Soil and gravel				3	23.6	Bentonite																																																									
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/8/2020 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) 4/10/2020 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> Telephone 785-296-5524.																																																																																	