

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

MW8

<b>1 LOCATION OF WATER WELL:</b> County: Sedgwick		Fraction SW ¼ SE ¼ SE ¼ NW 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"/>  ~65ft N of the NW corner of Coolidge Ave & W 25th St. N, Wichita KS			<b>Global Positioning Systems (GPS) information:</b> Latitude: 37.73023 (in decimal degrees) Longitude: 97.36139 (in decimal degrees) Elevation: NA Horizontal Datum <input type="checkbox"/> WGS84, <input checked="" type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> 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> KDHE 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;">N NW NE W X E SW SE S</div>			<b>4 DEPTH OF WELL</b> 23 ft. MW8  WELL'S STATIC WATER LEVEL NA ft  WELL WAS USED AS: <table style="width:100%;"><tr><td><input type="checkbox"/> Domestic</td><td><input type="checkbox"/> Public Water Supply</td><td><input type="checkbox"/> Dewatering</td></tr><tr><td><input type="checkbox"/> Irrigation</td><td><input type="checkbox"/> Oil Field Water Supply</td><td><input checked="" type="checkbox"/> Monitoring</td></tr><tr><td><input type="checkbox"/> Feedlot</td><td><input type="checkbox"/> Domestic (Lawn &amp; Garden)</td><td><input type="checkbox"/> Injection Well</td></tr><tr><td><input type="checkbox"/> Industrial</td><td><input type="checkbox"/> Air Conditioning</td><td><input type="checkbox"/> Other _____</td></tr></table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			<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 _____																																				
<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 _____																																																			
<b>5 TYPE OF BLANK CASING USED:</b> <table style="width:100%;"><tr><td><input type="checkbox"/> Steel</td><td><input type="checkbox"/> RMP (SR)</td><td><input type="checkbox"/> Wrought</td><td><input type="checkbox"/> Fiberglass</td><td><input type="checkbox"/> Other (Specific below)</td></tr><tr><td><input checked="" type="checkbox"/> PVC</td><td><input type="checkbox"/> ABS</td><td><input type="checkbox"/> Asbestos-Cement</td><td><input type="checkbox"/> Concrete Tile</td><td></td></tr></table> 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.						<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																																							
<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																																																		
<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: 0-3'  Grout Plug Intervals: From 3 ft to 23 ft, From _____ ft to _____ ft, From _____ ft to _____ ft,  What is the nearest source of possible contamination: <table style="width:100%;"><tr><td><input type="checkbox"/> Septic tank</td><td><input type="checkbox"/> Seepage pit</td><td><input type="checkbox"/> Fuel storage</td><td rowspan="5"><input type="checkbox"/> Other (specify below) _____  Direction from well? _____ How many feet? _____</td></tr><tr><td><input type="checkbox"/> Sewer lines</td><td><input type="checkbox"/> Pit privy</td><td><input type="checkbox"/> Fertilizer storage</td></tr><tr><td><input type="checkbox"/> Watertight sewer lines</td><td><input type="checkbox"/> Sewage lagoon</td><td><input type="checkbox"/> Insecticide storage</td></tr><tr><td><input type="checkbox"/> Lateral lines</td><td><input type="checkbox"/> Feed yard</td><td><input type="checkbox"/> Abandoned water well</td></tr><tr><td><input type="checkbox"/> Cess pool</td><td><input type="checkbox"/> Livestock pens</td><td><input type="checkbox"/> Oil well/Gas well</td></tr></table>						<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel storage	<input type="checkbox"/> Other (specify below) _____  Direction from well? _____ How many feet? _____	<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	<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well																																
<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel storage	<input type="checkbox"/> Other (specify below) _____  Direction from well? _____ How many feet? _____																																																		
<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																																																			
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well																																																			
<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</td><td></td><td></td><td></td></tr><tr><td>3</td><td>23</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 colspan="6" style="text-align: center;">KDHE ID: Amidon 66 Service; U2-087-14460</td></tr></tbody></table>						FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	0	3	Soil				3	23	Bentonite																												KDHE ID: Amidon 66 Service; U2-087-14460					
FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS																																																
0	3	Soil																																																			
3	23	Bentonite																																																			
KDHE ID: Amidon 66 Service; U2-087-14460																																																					
<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.																																																					