

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

NMW-135

1 LOCATION OF WATER WELL: Fraction NW 1/4 SE 1/4 SW 1/4 SE 1/4 Section Number 9 Township Number T 27 S Range Number 1 ☒ E ☐ W
 County: Sedgwick

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ Southside right-of-way on E. 14th St. east of N. Waco Ave. Wichita, KS

Global Positioning Systems (GPS) information:

Latitude: 37.70973 (in decimal degrees)Longitude: 97.34121 (in decimal degrees)

Elevation:

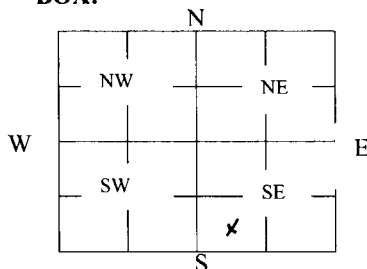
Datum: ☒ WGS84, ☐ NAD83, ☐ NAD27

Collection Method:

☒ GPS unit (Make/Model: Garmin 60C)☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land SurveyEst. Accuracy: ☒ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: City of Wichita/Env. Hlth
 RR#, St. Address, Box #: 455 N. Main
 City, State ZIP Code: Wichita, KS 67202

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL 22 ft.WELL'S STATIC WATER LEVEL 16 ft

WELL WAS USED AS:

☐ Domestic
☐ Irrigation
☐ Feedlot
☐ Industrial

☐ Public Water Supply
☐ Oil Field Water Supply
☐ Domestic (Lawn & Garden)
☐ Air Conditioning

☐ Dewatering
☒ Monitoring
☐ Injection Well
☐ Other _____
Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒

5 TYPE OF BLANK CASING USED:

☐ Steel
☒ PVC

☐ RMP (SR)
☐ ABS

☐ Wrought
☐ Asbestos-Cement

☐ Fiberglass
☐ Concrete Tile
☐ Other (Specify below) _____

Blank casing diameter 1 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 3 ft
 Casing height above or below land surface -0.4 in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____Grout Plug Intervals: From 22 ft. to 2 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

☐ Septic tank
☐ Sewer lines
☐ Watertight sewer lines
☐ Lateral lines
☐ Cess pool

☐ Seepage pit
☐ Pit privy
☐ Sewage lagoon
☐ Feedyard
☐ Livestock pens

☐ Fuel Storage
☐ Fertilizer storage
☐ Insecticide storage
☐ Abandoned water well
☐ Oil well/Gas well
☐ Other (specify below) _____
 Direction from well? _____
 How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>2</u>	<u>Topsoil</u>			
<u>2</u>	<u>22</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) 3/5/2020 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 710. This Water Well Record was completed on (mo/day/year) 3/10/2020 under the business name of Below Ground Surface, Inc. 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