

WATER WELL PLUGGING RECORD Form WWC-5P
KSA 82a-1212 ID NO.
RW-40

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction NW 1/4 SE 1/4 SW 1/4 SE 1/4	Section Number 4	Township Number T 27 S	Range Number 1 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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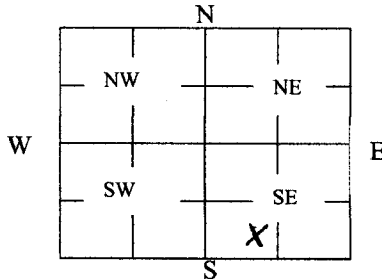
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ Former Coastal Refinery, 2461 N. New York Street, Wichita, Ks.

Global Positioning Systems (GPS) information:

Latitude: **37.72125407** (in decimal degrees)
 Longitude: **-97.32026307** (in decimal degrees)
 Elevation: **1313.90**
 Horizontal Datum: ☐ WGS84, ☒ NAD83, ☐ NAD27
 Collection Method:

2 WATER WELL OWNER: El Paso, LLC
 RR#, St. Address, Box #: **1515 Des Peres Road, Suite 300**
 City, State ZIP Code: **St. Louis, MO. 63131**

☐ GPS unit (Make/Model: _____)
☒ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
 Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

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

4 DEPTH OF WELL 18.0 - obstructed ft.

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 checked="" type="checkbox"/> Other <u>recovery</u> |

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 **14** in. Was casing pulled? Yes ☒ No ☐ If yes, how much **18** ft.
 Casing height above or below land surface **30** in.

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

Grout Plug Intervals: From **0** ft. to **18.0** 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 checked="" type="checkbox"/> Fuel storage | <input checked="" type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Sewer lines | <input type="checkbox"/> Pit privy | <input type="checkbox"/> Fertilizer storage | <u>contaminated site</u> |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon | <input type="checkbox"/> Insecticide storage | |
| <input type="checkbox"/> Lateral lines | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Abandoned water well | Direction from well? NA |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? 0 |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	18.0	Bentonite			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **10-28-2020** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **604**. This Water Well Record was completed on (mo/day/year) **12/7/2020** under the business name of **Environmental Priority Service, Inc.** by (signature) *[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.

