

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

<b>1 LOCATION OF WATER WELL:</b> County: <u>Sedgewick</u> Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/>	Fraction <u>SE 1/4 SE 1/4 NW 1/4 NE 1/4</u>	Section Number <u>21</u>	Township Number <u>T 21 S</u>	Range Number <u>1 E</u>																																																
<b>2 WATER WELL OWNER:</b> <u>Greg Tennant</u> RR#, St. Address, Box #: <u>629 S Volusia</u> City, State ZIP Code: <u>Wichita, KS 67211</u>		<b>Global Positioning Systems (GPS) information:</b> Latitude: <u>37.676283</u> (in decimal degrees) Longitude: <u>-97.304477</u> (in decimal degrees) Elevation: _____ Horizontal Datum: <input checked="" type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <u>Lat/Long App</u> ) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m																																																		
		<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;">             N  <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px; text-align: center;">SE <b>X</b></td> </tr> </table>             W <span style="margin-left: 100px;">E</span>              S           </div>			NW	NE	SW	SE <b>X</b>																																												
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<b>4 DEPTH OF WELL</b> <u>31</u> ft. <b>WELL'S STATIC WATER LEVEL</b> <u>23</u> ft. <b>WELL WAS USED AS:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> Domestic  <input type="checkbox"/> Irrigation  <input type="checkbox"/> Feedlot  <input type="checkbox"/> Industrial         </div> <div style="width: 30%;"> <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 style="width: 30%;"> <input type="checkbox"/> Dewatering  <input 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 type="checkbox"/>																																																				
<b>5 TYPE OF CASING USED:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> Steel  <input checked="" type="checkbox"/> PVC         </div> <div style="width: 20%;"> <input type="checkbox"/> RMP (SR)  <input type="checkbox"/> ABS         </div> <div style="width: 20%;"> <input type="checkbox"/> Wrought  <input type="checkbox"/> Asbestos-Cement         </div> <div style="width: 20%;"> <input type="checkbox"/> Fiberglass  <input type="checkbox"/> Concrete Tile         </div> <div style="width: 20%;"> <input type="checkbox"/> Other (Specify below) _____         </div> </div> Blank casing diameter <u>4</u> in. Was casing pulled? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much _____ Casing height above or below land surface <u>6</u> in.																																																				
<b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From _____ ft. to _____ 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 style="width: 30%;"> <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 style="width: 30%;"> <input type="checkbox"/> Seepage pit  <input type="checkbox"/> Pit privy  <input type="checkbox"/> Sewage lagoon  <input type="checkbox"/> Feedyard  <input type="checkbox"/> Livestock pens         </div> <div style="width: 30%;"> <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? _____																																																				
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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) <u>10/29/21</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>948</u> . This Water Well Record was completed on (mo/day/year) <u>10/4/21</u> under the business name of <u>Cristina Hausman</u> 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.

**KSA82a-1212**
**Revised 1/20/2015**