

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

ES-03

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

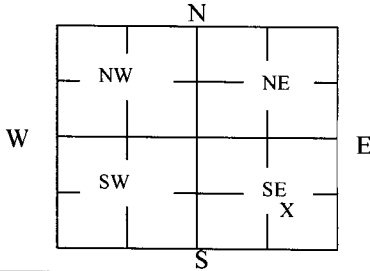
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 2561 N. New York St. Wichita, KS 67214

Global Positioning Systems (GPS) information:
 Latitude: 37.721380 (in decimal degrees)
 Longitude: -97.320086 (in decimal degrees)
 Elevation: _____
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 **WATER WELL OWNER:** R.R.M. Properties, L.L.C.
 RR#, St. Address, Box #: 800 E 21st Street N
 City, State ZIP Code: Wichita, KS 67214

GPS unit (Make/Model: iPhone with GPS Tracks App.)
 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** 30 ft.

WELL'S STATIC WATER LEVEL 16.22 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
- RMP (SR)
- Wrought
- Fiberglass
- Other (Specify below) _____
- PVC
- ABS
- Asbestos-Cement
- Concrete Tile

Blank casing diameter 12 in. Was casing pulled? Yes No If yes, how much 5
 Casing height above or below land surface 36 in.

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

Grout Plug Intervals: From 30 ft. to 3 ft., From _____ ft. to _____ ft., From _____ ft. 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) Located at remediation site

Direction from well? _____
 How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS

7 **CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 01/03/2022 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. PG #555. This Water Well Record was completed on (mo/day/year) 01/07/2022 under the business name of R.R.M. Properties, L.L.C. 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.