WATER WELL PLUGGING RECORD  Form WWC-5P  KSA 82a-1212  ID NO. IAS-8

1 LOCATION OF WATER WELL: Fraction
   County: Sedgwick
   Section Number: 23
   Township Number: T 27 S
   Range Number: 1 E W
   Street/Rural Address of Well Location: if unknown, distance &
   direction from nearest town or intersection: If at owner's address,
   check here □ 4605 E. Central, Wichita, KS
   U2-087-13769

2 WATER WELL OWNER: Team Players, LLC
   RR#, St, Address, Box #: 1707 N. Waterfront Pkwy.
   City, State ZIP Code: Wichita, KS 67206

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

   □ NW □ NE □ SE □ SW

4 DEPTH OF WELL 17.1 ft.
   WELL'S STATIC WATER LEVEL NA 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
   □ Air Sparge
   Was a chemical/bacteriological sample submitted to Department? Yes □ No □

5 TYPE OF BLANK CASING USED:
   □ Steel
   □ RMP (SR)
   □ Wrought
   □ Asbestos-Cement
   □ Fiberglass
   □ Concrete Tile
   □ Other (Specify below)
   Blank casing diameter 2 in.
   Was casing pulled? Yes □ No □
   Casing height above or below land surface -36 in.

6 GROUT PLUG MATERIAL:
   □ Neat cement
   □ Cement grout
   □ Bentonite
   □ Other
   Grout Plug Intervals:
   From 3 ft. to 17.1 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)
   Direction from well?
   How many feet?

FROM TO PLUGGING MATERIALS FROM TO PLUGGING MATERIALS
3 17.1 Bentonite

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was
completed on (mo/day/year) 03/30/24
   □ and this record is true to the best of my knowledge and belief. Kansas Water
   Well Contractor's License No. ___________
   □ This Water Well Record was completed on (mo/day/year) 04/08/24
   □ under the
   business name of Greenfield Contractors, 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.

KSA82a-1212 Revised 1/20/2015