MW6

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. 0043540

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction NE¼ NW¼ NW¼	Section Number 31	Township Number 27	Range Number 2 E/W

Distance and direction from nearest town or city street address of well if located within city?

6701 E. Harry ST. Wichita KS

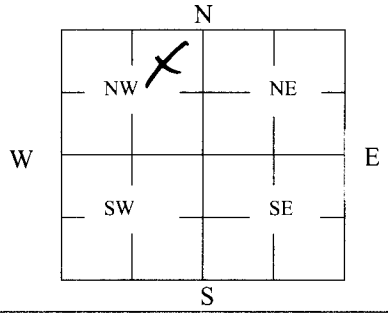
2 WATER WELL OWNER: Joyce L. Putnam Rev Liv Tr ETAL

RR#, St. Address, Box #: 629 N. Crest Ridge Court

City, State ZIP Code: Wichita KS 67230

Global Positioning Systems (decimal degrees, min. of 4 digits
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method:

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



4 DEPTH OF WELL 24.3 ft.

WELL'S STATIC WATER LEVEL 13.68 ft

WELL WAS USED AS:

1 Domestic 5 Public Water Supply 9 Dewatering
2 Irrigation 6 Oil Field Water Supply (10 Monitoring)
3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well
4 Industrial 8 Air Conditioning 12 Other _____

Was a chemical/bacteriological sample submitted to Department? Yes____ No X

5 TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)
(2 PVC) 4 ABS 6 Asbestos-Cement 8 Concrete Tile _____

Blank casing diameter 2 in. Was casing pulled? Yes X No _____ If yes, how much 3'
Casing height above or below land surface 40 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite) 4 Other Soil

Grout Plug Intervals: From 24.3 ft. to 1 ft., From 1 ft. to Surface From _____ to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below) Former fuel storage
2 Sewer lines 7 Pit privy 12 Fertilizer storage
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage
4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? NA
5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? 0

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
24.3	1	Bentonite Chips			
1	Surface	Soil			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/12/11 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) 4/15/11 under the business name of Tank Management Services 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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/geo/waterwells.