

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																
County: Sedgwick		SE ¼ NW ¼ SW ¼	12	28 S	1 E																																
Distance and direction from nearest town or city street address of well if located within city? 3801 S. Oliver, Boeing Bldg. L-23, Wichita, KS																																					
2 WATER WELL OWNER: Boeing Company		Board of Agriculture, Division of Water Resources																																			
RR#, St. Address, Box # P.O. Box 7730		Application Number:																																			
City, State, ZIP Code : Wichita, KS 67277-7730																																					
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 59 ft.																																			
N <table border="1" style="margin: auto; border-collapse: collapse;"><tr><td style="width: 50px; height: 50px;"></td><td style="width: 50px; height: 50px;"></td></tr><tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr><tr><td style="text-align: center;">X SW</td><td style="text-align: center;">SE</td></tr><tr><td style="width: 50px; height: 50px;"></td><td style="width: 50px; height: 50px;"></td></tr></table> S WE				NW	NE	X SW	SE			WELL'S STATIC WATER LEVEL 39.5 ft.																											
		NW	NE																																		
		X SW	SE																																		
WELL WAS USED AS:																																					
1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other SVE WELL																																					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X																																					
If yes, mo/day/yr sample was submitted _____																																					
Water Well Disinfected: Yes _____ No X																																					
5 TYPE OF BLANK CASING USED:																																					
1 Steel 2 PVC 3 RMP (SR) 4 ABC 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (specify below)																																					
Blank casing diameter 2 in. Was casing pulled? Yes _____ No X If yes, how much _____																																					
Casing height above or below land surface 39 in. Overdrilled 20'																																					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																					
Grout Plug Intervals From 1 ft. to 59 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																					
What is the nearest source of possible contamination:																																					
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below) N/A																																					
Direction from well? N/A How many feet? N/A																																					
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:15%;">FROM</th><th style="width:15%;">TO</th><th style="width:15%;">CODE</th><th style="width:55%;">PLUGGING MATERIALS</th></tr></thead><tbody><tr><td>0</td><td>1</td><td></td><td>Soil</td></tr><tr><td>1</td><td>59</td><td></td><td>Bentonite Chips</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						FROM	TO	CODE	PLUGGING MATERIALS	0	1		Soil	1	59		Bentonite Chips																				
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 10/14/02 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 11/6/02 under the business name of Geotechnical Services, Inc. by (signature) _____																																					
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																					