**Job No.: 027206** **MW-D-EU**

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID No. _____

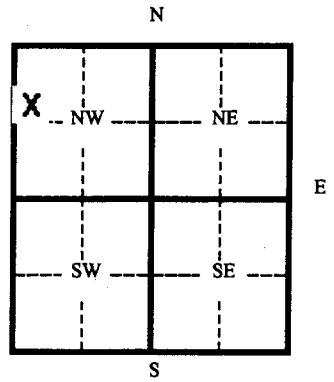
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
|---|---|---|---|---|
| County: **Sedgwick** | **SW ¼ NW ¼ NW ¼** | **13** | **28 S** | **1 E** |

Distance and direction from nearest town or city street address of well if located within city?
**3801 S. Oliver, East of Boeing Building 4-174H, Wichita, KS**

2 WATER WELL OWNER: **Boeing Company**
RR#, St. Address, Box # **P.O. Box 7730**
City, State, ZIP Code : **Wichita, KS 67277-7730**

Board of Agriculture, Division of Water Resources
Application Number:

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




4 DEPTH OF WELL **16.57** ft.

WELL'S STATIC WATER LEVEL **8.99** ft.

WELL WAS USED AS:

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

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 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)
2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile _____
Blank casing diameter **4** in. Was casing pulled? Yes ___ No X If yes, how much _____
Casing height above or below land surface **0** in. **Overdrilled 20'.**

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **Concrete**

Grout Plug Intervals From **0** ft. to **0.7** ft. From **0.7** ft. to **20.0** ft. From _____ ft.

What is the nearest source of possible contamination:

1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)
2 Sewer lines 7 Pit privy 12 Fertilizer storage **N/A**
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage
4 Lateral lines 9 Feedyard 14 Abandoned water well
5 Cess Pool 10 Livestock pens 15 Oil well/ Gas well

Direction from well? **N/A** How many feet? **N/A**

| FROM | TO | CODE | PLUGGING MATERIALS |
|---|---|---|---|
| 0 | 0.7 | | **Concrete** |
| 0.7 | 20.0 | | **Bentonite Chips** |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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.

Form provided by Forms On-A-Disk, Inc. Dallas, Texas (214) 340-9429