

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	NW ¼ SW 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, South of Boeing Building 4-171N, 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 32.7 ft.																																							
N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">W</td> <td style="width: 100px; height: 100px; position: relative;"> NW NE SW SE </td> <td style="width: 50px; text-align: center;">E</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> S	W	NW NE SW SE	E										WELL'S STATIC WATER LEVEL 14.27 ft.																											
	W	NW NE SW SE	E																																					
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 Recovery 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 4 in. Was casing pulled? Yes _____ No X If yes, how much _____																																								
Casing height above or <u>below</u> land surface 12.7 in. Overdrilled 20'.																																								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																								
Grout Plug Intervals From 0.7 ft. to 32.7 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:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:10%;">CODE</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0.7</td> <td></td> <td>Soil</td> </tr> <tr> <td>0.7</td> <td>32.7</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> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	CODE	PLUGGING MATERIALS	0	0.7		Soil	0.7	32.7		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.																																								