

Corrected

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: <u>Sedgwick</u>	<u>SE 1/4 NW 1/4 SE 1/4 NE</u>	<u>8</u>	<u>6</u>	<u>T28</u>	<u>28</u>	<u>1</u>	<u>EAST</u>																											
Distance and direction from nearest town or city street address of well if located within city? <u>Bob Stwalley 1302 Casado Wichita KS.</u>																																			
2	WATER WELL OWNER: <u>Bob Stwalley</u>																																		
RR #, St. Address, Box #: <u>1302 Casado</u>			Board of Agriculture, Division of Water Resources																																
City, State, ZIP Code: <u>Wichita KS</u>			Application Number: _____																																
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL <u>30</u> ft.																															
N <table border="1" style="width:100%; height: 100px; border-collapse: collapse;"> <tr> <td style="width: 25%;">NW</td> <td style="width: 25%; text-align: center;">X</td> <td style="width: 25%;">NE</td> </tr> <tr> <td style="width: 25%;">W</td> <td style="width: 25%;"></td> <td style="width: 25%;">E</td> </tr> <tr> <td style="width: 25%;">SW</td> <td style="width: 25%;">SE</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">S</td> </tr> </table>			NW	X	NE	W		E	SW	SE		S			WELL'S STATIC WATER LEVEL <u>13</u> ft.																				
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WELL WAS USED AS:																																			
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Was a chemical / bacteriological sample submitted to Department? Yes _____ No ☒																																			
If yes, mo/day/yr sample was submitted _____																																			
Water Well Disinfected: Yes ☒ No _____																																			
5	TYPE OF BLANK CASING USED:																																		
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Blank casing diameter <u>5</u> in. Was casing pulled? Yes ☒ No _____ If yes, how much <u>TOP 3'</u>																																			
Casing height above or below land surface <u>3</u> in.																																			
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____																																		
Grout Plug Intervals: From <u>30</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																			
What is the nearest source of possible contamination:																																			
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Direction from well? <u>West</u> How many feet? <u>20</u>																																			
<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:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>30</u></td> <td><u>0</u></td> <td><u>Bentonite</u></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> <tr><td> </td><td> </td><td> </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> </tbody> </table>									FROM	TO	PLUGGING MATERIALS	<u>30</u>	<u>0</u>	<u>Bentonite</u>																					
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>5-18-02</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>611</u> This Water Well Record was completed on (mo/day/year) <u>5-18-02</u> under the business name of <u>Chase Drilling</u> by (signature) <u>[Signature]</u>																																		
INSTRUCTIONS: Use typewriter or ball point 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.																																			