GSI Job No. 047227 **MW-140**

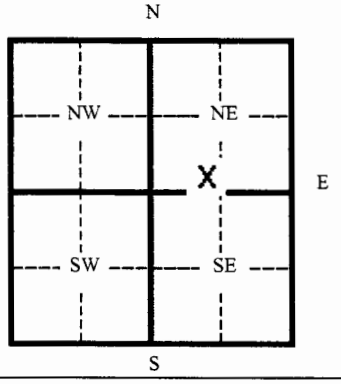
WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Sedgwick**	**SE ¼ SW ¼ NE ¼**	**14**	**28**	**01 E**

Distance and direction from nearest town or city street address of well if located within city?
2801 S. Oliver – SE of SE corner of assembly support building

2 WATER WELL OWNER: **Boeing Company**
RR#, St. Address, Box # **PO 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 **40** ft.

WELL'S STATIC WATER LEVEL **18** 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 **2** in. Was casing pulled? Yes ___ No X If yes, how much _____
Casing height above or **below** land surface **240** in. **Overdrilled to 20 feet below ground surface**

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

Grout Plug Intervals From **0** ft. to **40** ft. From _____ ft. to _____ ft. From _____ ft. to _____ 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 _____
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? _____ How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
0	**40**		**Bentonite**

RECEIVED
NOV 0 1 2004
BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **10-8-04** 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) **10-27-04** 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.