

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 1/4 NE 1/4 NE 1/4	14	28S	1E

Distance and direction from nearest town or city street address of well if located within city?

Boeing North Side of IPB-1

2 WATER WELL OWNER: Boeing	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: 2727 E. MacArthur	Application Number:
City, State, ZIP Code: Wichita, KS 67216	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 58.3 ft.																																				
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	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 5 in. Was casing pulled? Yes ___ No X If yes, how much _____
Casing height above or below land surface -38.3 in.

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
Grout Plug Intervals	From 58.3 ft. to 1 ft.	From _____ ft. to _____ 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	1		Soil
1	58.3		Bentonite

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 6/20/06 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) 6/26/06 under the business name of Geotechnical Services Inc. by (signature) <i>Alison M. [Signature]</i>
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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.