

NW-8A

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO 00084626

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                   | Fraction                                                                                                                                                                                                                                                                                                                                                   | Section Number                                                                                      | Township Number | Range Number                                                                                |      |    |                    |            |           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>NE 1/4 NE 1/4 NE 1/4</u>                                                                                                                                                                                                                                                                                                                                | <u>7</u>                                                                                            | <u>28</u>       | <u>1</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span> |      |    |                    |            |           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>3201 S. Seneca Wichita KS 67217</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |                 |                                                                                             |      |    |                    |            |           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | WATER WELL OWNER: <u>Amoco 5460</u><br><u>3201 S. Seneca</u><br>RR #, St. Address, Box #:<br>City, State, ZIP Code : <u>Wichita KS 67217</u>                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |                 |                                                                                             |      |    |                    |            |           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                            | Board of Agriculture, Division of Water Resources<br>Application Number:                            |                 |                                                                                             |      |    |                    |            |           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                            | 4 DEPTH OF WELL <u>19</u> ft.<br>WELL'S STATIC WATER LEVEL <u>12.3</u> ft.<br><br>WELL WAS USED AS: |                 |                                                                                             |      |    |                    |            |           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                           | N<br><table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td></td><td></td><td style="text-align: center;">X</td></tr> <tr><td style="text-align: center;">NW</td><td></td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">SW</td><td></td><td style="text-align: center;">SE</td></tr> </table><br>S |                                                                                                     |                 | X                                                                                           | NW   |    | NE                 | SW         |           | SE                     | <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic<br/>2 Irrigation<br/>3 Feedlot<br/>4 Industrial </div> <div> 5 Public Water Supply<br/>6 Oil Field Water Supply<br/>7 Domestic (Lawn &amp; Garden)<br/>8 Air Conditioning </div> <div> 9 Dewatering<br/><span style="border: 1px solid black; border-radius: 50%; padding: 2px;">10</span> Monitoring Well<br/>11 Injection Well<br/>12 Other ..... </div> </div><br>Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>X</u> .....<br>If yes, mo/day/yr sample was submitted .....<br><br>Water Well Disinfected: Yes ..... No <u>X</u> ..... |           |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                           | X                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                 |                                                                                             |      |    |                    |            |           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                           | NE                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |                 |                                                                                             |      |    |                    |            |           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                           | SE                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |                 |                                                                                             |      |    |                    |            |           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |                 |                                                                                             |      |    |                    |            |           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div>1 Steel<br/><span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2 PVC</span></div> <div>3 RMP (SR)<br/>4 ABS</div> <div>5 Wrought<br/>6 Asbestos-Cement</div> <div>7 Fiberglass<br/>8 Concrete Tile</div> <div>9 Other (Specify below) .....</div> </div><br>Blank casing diameter <u>2</u> in.      Was casing pulled?      Yes <u>X</u> No .....      If yes, how much <u>3'</u><br>Casing height above or below land surface ..... in.                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |                 |                                                                                             |      |    |                    |            |           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | GROUT PLUG MATERIAL:      1 Neat cement      2 Cement grout <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">3 Bentonite</span> 4 Other .....                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |                 |                                                                                             |      |    |                    |            |           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Grout Plug Intervals:      From <u>19</u> ft.      to <u>3</u> ft.,      From ..... ft.      to ..... ft.,      From .....      to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |                 |                                                                                             |      |    |                    |            |           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |                 |                                                                                             |      |    |                    |            |           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank<br/>2 Sewer lines<br/>3 Watertight sewer lines<br/>4 Lateral lines<br/>5 Cess pool </div> <div> 6 Seepage pit<br/>7 Pit privy<br/>8 Sewage lagoon<br/>9 Feedyard<br/>10 Livestock pens </div> <div> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">11 Fuel storage</span><br/>12 Fertilizer storage<br/>13 Insecticide storage<br/>14 Abandoned water well<br/>15 Oil well/Gas well </div> <div>16 Other (specify below) .....</div> </div><br>Direction from well? <u>SE</u> How many feet? <u>80</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |                 |                                                                                             |      |    |                    |            |           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>19'</u></td> <td><u>3'</u></td> <td><u>Bentonite chips</u></td> </tr> <tr> <td><u>3'</u></td> <td><u>0'</u></td> <td><u>Native material</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> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |                 |                                                                                             | FROM | TO | PLUGGING MATERIALS | <u>19'</u> | <u>3'</u> | <u>Bentonite chips</u> | <u>3'</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>0'</u> | <u>Native material</u> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TO                                                                                                                                                                                                                                                                                                                                                                                                                                        | PLUGGING MATERIALS                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |                 |                                                                                             |      |    |                    |            |           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>19'</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>3'</u>                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Bentonite chips</u>                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |                 |                                                                                             |      |    |                    |            |           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>3'</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>0'</u>                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Native material</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>5-8-07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>6-21-07</u> This Water Well Record was completed on (mo/day/year) <u>6-21-07</u> under the business name of <u>Green Field Contractors</u> by (signature) <u>Joan Pearson</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.