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

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction NE ¼ NW ¼ NE ¼	Section Number 29	Township Number 28 S	Range Number 1 E/W

Distance and direction from nearest town or city street address of well if located within city?
401 W. 55th S South, Wichita, KS 67217

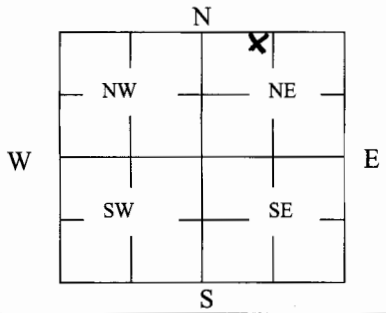
2 WATER WELL OWNER: Larry Schaffer

RR#, St. Address, Box #: 2050 Meteste RD,

City, State ZIP Code: Pangburn, AR 72121

Global Positioning Systems (decimal degrees, min. of 4 digits
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 21' 4" ft.

WELL'S STATIC WATER LEVEL 9' 4" ft

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
(2) Irrigation	6 Oil Field Water Supply	10 Monitoring
3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other _____

Was a chemical/bacteriological sample submitted to Department? Yes_____ No _____

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below) Galvanized
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter _____ in. Was casing pulled? Yes _____ No _____ If yes, how much _____
Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: (1) Neat cement 2 Cement grout 3 Bentonite 4 Other Sand

Grout Plug Intervals: From 21' 4" ft. to 18' 4" ft., From 18' 4" ft. to 0' 4" ft., From _____ to _____ ft.
Cement / See Below Sand

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel Storage	16 Other (specify below) Termite Treatment
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	Direction from well? _____
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
21' 4"	18' 4"	Sand			
3' 4"	0	Neat Cemant			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/15/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____. This Water Well Record was completed on (mo/day/year) 4/15/10 under the business name of _____ by (signature) _____

INSTRUCTIONS: Use typewriter or ballpoint 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. Visit us at http://www.kdheks.gov/geo/waterwells.