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

1 LOCATION OF WATER WELL: Fraction: Section Number: 29 Township Number: T 28 S Range Number: R 1 6 E/W

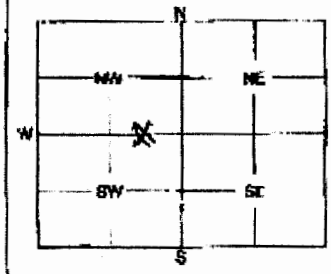
County: SEDGWICK NE¼ ¼ ¼

Distance and direction from nearest town or city street address of well if located within city?
137 W 55TH ST S

2 WATER WELL OWNER: GEORGE HATCHER

RR #, St. Address, Box #: 137 W 55TH ST So WICHITA, KS 67217
City, State, ZIP Code:
Board of Agriculture, Division of Water Resources Application Number:

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



4 DEPTH OF WELL 25 ft.
WELL'S STATIC WATER LEVEL 2 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 Domestic (Lawn & Garden) 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 X No

5 TYPE OF BLANK CASING USED: RGMOV6D SANDPOINT AND 17' of 1¼" GALVANIZE PIPE, DISINFECTED WELL. FILLED WELL WITH CONCRETE TO FLOOR LEVEL.

1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) NAME – DRIVEN SHALLOW WELL WITH SAND POINT
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile

Blank casing diameter N/A in. Was casing pulled? N/A Yes ____ No ____ If yes, how much? ____
Casing height above or below land surface ____ in. FLOOR LEVEL - DRIVEN WELL IN BASEMENT

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

Grout Plug Intervals: From 0 ft. to 17 ft. From ____ ft. to ____ ft. From ____ to ____ ft.

What is the nearest source of possible contamination:

(1) Septic tank 8 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? S.E. How many feet? 60

FROM	TO	PLUGGING MATERIALS
0	17	CEMENT

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1-22-2010 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. NONE This Water Well Record was completed on (mo/day/year) ____ under the business name of ____ by (signature) George Hatcher

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.