SW NW SE NW

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

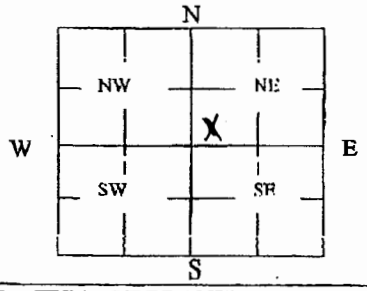
1 LOCATION OF WATER WELL: County: Sedgwick	Fraction ¼ NW ¼ SE ¼	Section Number 5	Township Number 28 S	Range Number 1 E E/W

Distance and direction from nearest town or city street address of well if located within city?
At Seneca + 27th Str. So, E. to Osage, No. to 26th, E. to Home

2 WATER WELL OWNER: Dennis W. Howard
RR#, St. Address, Box #: 620 W. 26th So.
City, State ZIP Code: Wichita Ks 67217
MAIL To: 220 Montauk Ln. Shell Knob, MO 65747

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 22' ft.
WELL'S STATIC WATER LEVEL 12' 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 X

5 TYPE OF BLANK CASING USED:
(1) Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile _____

Blank casing diameter 1½ in. Was casing pulled? Yes ____ No X 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 _____

Grout Plug Intervals: From 0 ft. to 22 ft., From _____ ft. to _____ ft., From _____ 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 Direction from well? WEST
5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? 10 FT

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
~~0~~	~~22 ft~~	~~Quikrete~~			
0	22 ft	Quikrete Concrete			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-17-2010 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) 11-17-2010 under the business name of Dennis Howard by (signature) Dennis Howard

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.

CITY OF WICHITA

Department of Environmental Services
1900 E. Ninth Street, Wichita, KS 67214
Phone: (316) 268-8351 Fax: (316) 268-8390

INSPECTION REPORT for: 620 W 26th St S

SECTION I: SEWAGE DISPOSAL

PRIVATE SEWER SYSTEM: Septic System [ ] or Lagoon [ ] PUBLIC SEWER: SKIP TO SECTION II [✓]

Onsite Sewage System: The property owner is responsible for the proper use and maintenance of the private sewer system. A permit must be obtained before performing any repair, replacement or modification to any onsite sewage system.

[ ] Sewage System Permit on file- this system was inspected and approved for use after being installed on _____.

[ ] No Sewage Permit on file- the Department of Environmental Health has no record of this system on file. It is not known if this system was constructed to meet minimum standards or located appropriately, as required by code.

[ ] The Department of Environmental Health recommends that the septic tank be pumped out by a licensed liquid waste operator within the last two years. A tank defect or excess accumulated solids in the tank can lead to septic system failure requiring complete replacement of the system.

Date last pumped: _____ by: _____

Note: _____

_____

_____

Inspection Checklist: Date:_____	**Yes**	**No**
Septic system		
• Area of septic system appears free of surfacing discharge.	[ ]	[ ]
• All wastewater appears to be discharged into septic system.	[ ]	[ ]
• Sink and toilet appear to drain easily.	[ ]	[ ]
• All water wells appear to be at least 50-feet from system.	[ ]	[ ]
Lagoon		
• Lagoon is free of excess vegetation, tall weeds, and trees.	[ ]	[ ]
• Dikes are in good condition with no ditches or overflow.	[ ]	[ ]
• Fence around lagoon is properly constructed and in good condition.	[ ]	[ ]
• Sink and toilet appear to drain easily.	[ ]	[ ]
• All wastewater appears to discharge into lagoon.	[ ]	[ ]
• All water wells appear to be at least 100-feet from the lagoon.	[ ]	[ ]

Notes: _____

_____

_____

SECTION II: WATER SOURCES

PUBLIC WATER SUPPLY [✓] Yes [ ] No NUMBER OF WATER WELLS [1]

Domestic Use Water Wells: The property owner is responsible for the proper maintenance of this well including compliance with construction and location standards, and disinfection of personal use water systems, if necessary. The Environmental Health Department will take water samples only from personal use wells that are constructed properly.

Water Well Use: Personal Use Well(s) [ ] Irrigation Well(s) [✓] Plugged(s) [ ]

Inspection Checklist: Date: 11/10/10

Meets Requirements:	Yes	No
Well(s) meets construction and location standards.	[ ]	[✓]
Well(s) properly plugged	[ ]	[ ]
Located within an identified groundwater contamination area	[ ]	[✓]

Note: Well located in basement <10ft to sewage line therefore according to code the well must be plugged.

Water Testing Results: Bacteria and nitrate tests as conducted are NOT representative of chemical or mineral quality. The U.S. Public Health Service has established the following guidelines for the use of water with known nitrate content. Boiling water or treatment through a water softener will NOT reduce the nitrate level. Some reverse osmosis, ion exchange, and distillation units may effectively treat the water, but regular maintenance of the unit is essential. Periodic testing of the water is recommended.

- Below 45ppm----------Safe for humans and livestock **(drinking water standard)**.
- 45 – 90ppm----------Generally safe for human adults and all livestock. **Should not be used by infants under 18 months of age or by women who are pregnant or nursing.**
- 91 – 180ppm----------Humans and some livestock a risk, especially young or those in high risk category. Recommend an alternate water supply or water treatment to reduce nitrate for drinking and/or cooking.
- Over 180ppm----------Hazardous to humans and livestock. **Do not use for drinking and/or cooking without treatment.**

Nitrates: Date _____ _____ppm Sample source: _____

Date _____ _____ppm Sample source: _____

Bacteria: Date _____ **Safe,** negative for bacteria [ ] **Unsafe**, positive for bacteria [ ]

Note: _____.

SECTION III: CONCLUSION

[ ] The private onsite sewage disposal system for this property appears to be acceptable at this time; no defects or malfunctions were observed.

[ ] The location and well head completion of the private water well(s) inspected on this property appears to be acceptable at this time.

[ ] See **"Water Testing Results"** in **Section II** for personal use well(s).

[✓] Other: Please see instructions stated above and call back when completed.

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Reports pending after 90 days for any reason including open cases awaiting corrections will be billed the full amount. At that time, an "as is" report will be released. Once a report has been released all follow up reports will result in an additional charge.

Signed TVanatta **Date** 11/10/10