

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

1 **LOCATION OF WATER WELL:** County: **Sedgwick** Fraction **NW ¼ NE ¼ NE ¼ ¼** Section Number **7** Township Number **T 28 S** Range Number **1** ☒ E ☐ W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ 1501 W. 31st St. South, Wichita

Global Positioning Systems (GPS) information:

Latitude: _____ (in decimal degrees)

Longitude: _____ (in decimal degrees)

Elevation: _____

Horizontal Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27

Collection Method: _____

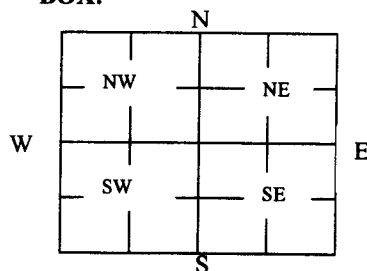
☐ GPS unit (Make/Model: _____)

☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey

Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 **WATER WELL OWNER:** Richardson & Associates, LLC
RR#, St. Address, Box #: 7422 W. 21st Street North
City, State ZIP Code: Wichita, KS 67205

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



4 **DEPTH OF WELL** 19 ft.

WELL'S STATIC WATER LEVEL _____ ft

WELL WAS USED AS:

☐ Domestic
☐ Irrigation
☐ Feedlot
☐ Industrial

☐ Public Water Supply
☐ Oil Field Water Supply
☐ Domestic (Lawn & Garden)
☐ Air Conditioning

☐ Dewatering
☒ Monitoring
☐ Injection Well
☐ Other _____

Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☐

5 **TYPE OF BLANK CASING USED:**

☐ Steel
☒ PVC

☐ RMP (SR)
☐ ABS

☐ Wrought
☐ Asbestos-Cement

☐ Fiberglass
☐ Concrete Tile

☐ Other (Specify below) _____

Blank casing diameter 2 in. Was casing pulled? Yes ☒ No ☐ If yes, how much ~3ft below ground surface
Casing height above or below land surface _____ in.

6 **GROUT PLUG MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____

Grout Plug Intervals: From 3 ft. to 19 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

☐ Septic tank
☐ Sewer lines
☐ Watertight sewer lines
☐ Lateral lines
☐ Cess pool

☐ Seepage pit
☐ Pit privy
☐ Sewage lagoon
☐ Feedyard
☐ Livestock pens

☐ Fuel storage
☐ Fertilizer storage
☐ Insecticide storage
☐ Abandoned water well
☐ Oil well/Gas well

☐ Other (specify below) _____

Direction from well? _____

How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
3	19	Bentonite			
					MW-9

7 **CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1/12/16 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) 1/26/16 under the business name of GreenField Contractors, Inc. by (signature) Melina D. M. Blue

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.
Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.