

# WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

48195

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| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Sedgwick</u>                                                                                                                                                  |  | Fraction<br><u>NW 1/4 NE 1/4 NE 1/4</u> | Section Number<br><u>7</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Township Number<br><u>T 28 S</u> | Range Number<br><u>1</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W |
| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> <u>1501 W. 31st St. South, Wichita</u> |  |                                         | <b>Global Positioning Systems (GPS) information:</b><br>Latitude: _____ (in decimal degrees)<br>Longitude: _____ (in decimal degrees)<br>Elevation: _____<br>Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27<br>Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____)<br><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |                                  |                                                                                           |

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| <b>2 WATER WELL OWNER:</b> <u>Richardson &amp; Associates, LLC</u><br>RR#, St. Address, Box #: <u>7422 W. 21st Street North</u><br>City, State ZIP Code: <u>Wichita, KS 67205</u> |  |
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| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br> | <b>4 DEPTH OF WELL</b> <u>30</u> ft.<br>WELL'S STATIC WATER LEVEL _____ ft.<br>WELL WAS USED AS:<br><input type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Dewatering<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Monitoring<br><input type="checkbox"/> Feedlot <input type="checkbox"/> Domestic (Lawn & Garden) <input checked="" type="checkbox"/> Injection Well<br><input type="checkbox"/> Industrial <input type="checkbox"/> Air Conditioning <input checked="" type="checkbox"/> Other <u>Air Sparge</u><br>Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/> |
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| <b>5 TYPE OF BLANK CASING USED:</b>                                                                                                                                                                                                                                                        |                                                                               |
| <input type="checkbox"/> Steel<br><input checked="" type="checkbox"/> PVC                                                                                                                                                                                                                  | <input type="checkbox"/> RMP (SR)<br><input type="checkbox"/> ABS             |
| <input type="checkbox"/> Wrought<br><input type="checkbox"/> Asbestos-Cement                                                                                                                                                                                                               | <input type="checkbox"/> Fiberglass<br><input type="checkbox"/> Concrete Tile |
| <input type="checkbox"/> Other (Specify below) _____<br>Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>~3ft</u> below ground surface<br>Casing height above or below land surface _____ in. |                                                                               |

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| <b>6 GROUT PLUG MATERIAL:</b>                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Neat cement<br><input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite<br><input type="checkbox"/> Other _____ | Grout Plug Intervals: From <u>3</u> ft. to <u>30</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br><input type="checkbox"/> Septic tank <input type="checkbox"/> Seepage pit <input type="checkbox"/> Fuel storage <input type="checkbox"/> Other (specify below) _____<br><input type="checkbox"/> Sewer lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Fertilizer storage _____<br><input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Insecticide storage _____<br><input type="checkbox"/> Lateral lines <input type="checkbox"/> Feedyard <input type="checkbox"/> Abandoned water well _____<br><input type="checkbox"/> Cess pool <input type="checkbox"/> Livestock pens <input type="checkbox"/> Oil well/Gas well _____<br>Direction from well? _____<br>How many feet? _____ |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|------|----|--------------------|
| 3    | 30 | Bentonite          |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                 |  |
| This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>1/12/16</u> 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) <u>1/26/16</u> under the business name of <u>GreenField Contractors, Inc.</u> by (signature) <u>Melissa D. McElwaine</u> |  |

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.