

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

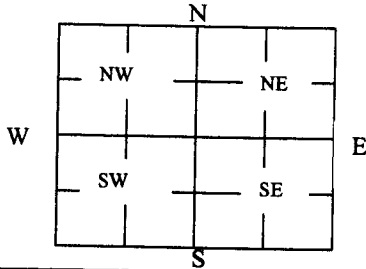
ID NO.

48198

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>		Fraction <u>NW 1/4 NE 1/4 NE 1/4</u>	Section Number <u>7</u>	Township Number <u>T 28 S</u>	Range Number <u>1</u> ☒ E ☐ W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ <u>1501 W. 31st St. South, Wichita</u>			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 30 ft.

WELL'S STATIC WATER LEVEL _____ ft.

WELL WAS USED AS:

- | | | |
|-------------------------------------|---|---|
| ☐ Domestic | ☐ Public Water Supply | ☐ Dewatering |
| ☐ Irrigation | ☐ Oil Field Water Supply | ☐ Monitoring |
| ☐ Feedlot | ☐ Domestic (Lawn & Garden) | ☒ Injection Well |
| ☐ Industrial | ☐ Air Conditioning | ☒ Other <u>Air Sparge</u> |

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

5 TYPE OF BLANK CASING USED:

- ☐ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below)
☒ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile

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 30 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|---|---|---|--|
| ☐ Septic tank | ☐ Seepage pit | ☐ Fuel storage | ☐ Other (specify below) _____ |
| ☐ Sewer lines | ☐ Pit privy | ☐ Fertilizer storage | |
| ☐ Watertight sewer lines | ☐ Sewage lagoon | ☐ Insecticide storage | |
| ☐ Lateral lines | ☐ Feedyard | ☐ Abandoned water well | |
| ☐ Cess pool | ☐ Livestock pens | ☐ Oil well/Gas well | |
- Direction from well? _____
 How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
3	30	Bentonite			
					IAS-4

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) Melissa D. Melchior

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.

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Revised 1/20/2015