

# WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

48199

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| <b>1 LOCATION OF WATER WELL:</b><br>County: Sedgwick                                                                                                                                                  |  | Fraction<br>NW ¼ NE ¼ NE ¼ ¼ | Section Number<br>7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Township Number<br>T 28 S | Range Number<br>1 <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"/> 1501 W. 31st St. South, Wichita |  |                              | <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: _____<br><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> Richardson & Associates, LLC<br>RR#, St. Address, Box #: 7422 W. 21st Street North<br>City, State ZIP Code: Wichita, KS 67205 | <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>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br> | <b>4 DEPTH OF WELL</b> 30 ft.<br>WELL'S STATIC WATER LEVEL _____ ft.<br>WELL WAS USED AS:<br><table border="0"> <tr> <td><input type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn &amp; Garden)</td> <td><input checked="" type="checkbox"/> Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Air Conditioning</td> <td><input checked="" type="checkbox"/> Other Air Sparge</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Domestic                    | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input type="checkbox"/> Monitoring | <input type="checkbox"/> Feedlot | <input type="checkbox"/> Domestic (Lawn & Garden) | <input checked="" type="checkbox"/> Injection Well | <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning | <input checked="" type="checkbox"/> Other Air Sparge |
| <input type="checkbox"/> Domestic                             | <input type="checkbox"/> Public Water Supply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Dewatering                  |                                              |                                     |                                     |                                                 |                                     |                                  |                                                   |                                                    |                                     |                                           |                                                      |
| <input type="checkbox"/> Irrigation                           | <input type="checkbox"/> Oil Field Water Supply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Monitoring                  |                                              |                                     |                                     |                                                 |                                     |                                  |                                                   |                                                    |                                     |                                           |                                                      |
| <input type="checkbox"/> Feedlot                              | <input type="checkbox"/> Domestic (Lawn & Garden)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Injection Well   |                                              |                                     |                                     |                                                 |                                     |                                  |                                                   |                                                    |                                     |                                           |                                                      |
| <input type="checkbox"/> Industrial                           | <input type="checkbox"/> Air Conditioning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Other Air Sparge |                                              |                                     |                                     |                                                 |                                     |                                  |                                                   |                                                    |                                     |                                           |                                                      |

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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) _____                                                                                                                                                                 |                                                                               |
| Blank casing diameter 2 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much ~3ft 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 3 ft. to 30 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                        |                                               |                                                      |                                       |                                                      |                                      |                                    |                                             |                                                 |                                        |                                              |                                        |                                   |                                               |                                    |                                         |                                            |
| What is the nearest source of possible contamination:<br><table border="0"> <tr> <td><input type="checkbox"/> Septic tank</td> <td><input type="checkbox"/> Seepage pit</td> <td><input type="checkbox"/> Fuel storage</td> <td rowspan="5"><input type="checkbox"/> Other (specify below) _____</td> </tr> <tr> <td><input type="checkbox"/> Sewer lines</td> <td><input type="checkbox"/> Pit privy</td> <td><input type="checkbox"/> Fertilizer storage</td> </tr> <tr> <td><input type="checkbox"/> Watertight sewer lines</td> <td><input type="checkbox"/> Sewage lagoon</td> <td><input type="checkbox"/> Insecticide storage</td> </tr> <tr> <td><input type="checkbox"/> Lateral lines</td> <td><input type="checkbox"/> Feedyard</td> <td><input type="checkbox"/> Abandoned water well</td> </tr> <tr> <td><input type="checkbox"/> Cess pool</td> <td><input type="checkbox"/> Livestock pens</td> <td><input type="checkbox"/> Oil well/Gas well</td> </tr> </table> Direction from well? _____<br>How many feet? _____ |                                                                                                                                                                        | <input type="checkbox"/> Septic tank          | <input type="checkbox"/> Seepage pit                 | <input type="checkbox"/> Fuel storage | <input type="checkbox"/> Other (specify below) _____ | <input type="checkbox"/> Sewer lines | <input type="checkbox"/> Pit privy | <input type="checkbox"/> Fertilizer storage | <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon | <input type="checkbox"/> Insecticide storage | <input type="checkbox"/> Lateral lines | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Abandoned water well | <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well |
| <input type="checkbox"/> Septic tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Seepage pit                                                                                                                                   | <input type="checkbox"/> Fuel storage         | <input type="checkbox"/> Other (specify below) _____ |                                       |                                                      |                                      |                                    |                                             |                                                 |                                        |                                              |                                        |                                   |                                               |                                    |                                         |                                            |
| <input type="checkbox"/> Sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Pit privy                                                                                                                                     | <input type="checkbox"/> Fertilizer storage   |                                                      |                                       |                                                      |                                      |                                    |                                             |                                                 |                                        |                                              |                                        |                                   |                                               |                                    |                                         |                                            |
| <input type="checkbox"/> Watertight sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Sewage lagoon                                                                                                                                 | <input type="checkbox"/> Insecticide storage  |                                                      |                                       |                                                      |                                      |                                    |                                             |                                                 |                                        |                                              |                                        |                                   |                                               |                                    |                                         |                                            |
| <input type="checkbox"/> Lateral lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Feedyard                                                                                                                                      | <input type="checkbox"/> Abandoned water well |                                                      |                                       |                                                      |                                      |                                    |                                             |                                                 |                                        |                                              |                                        |                                   |                                               |                                    |                                         |                                            |
| <input type="checkbox"/> Cess pool                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Livestock pens                                                                                                                                | <input type="checkbox"/> Oil well/Gas well    |                                                      |                                       |                                                      |                                      |                                    |                                             |                                                 |                                        |                                              |                                        |                                   |                                               |                                    |                                         |                                            |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|------|----|--------------------|
| 3    | 30 | Bentonite          |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    | IAS-5              |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |

**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. McElure*

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.

KSA82a-1212

Revised 1/20/2015