B692-MW17 WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number County: Sedgwick 1/4 SW 1/4 SE 1/4 Т 28 $\nabla E \cap W$ Global Positioning Systems (GPS) information: Street/Rural Address of Well Location; if unknown, distance & Latitude: 37.63805 (in decimal degrees) direction from nearest town or intersection: If at owner's address. Longitude: 97.25047 (in decimal degrees) Elevation: WGS84, NAD83, Datum: ☐ NAD27 Wichita, KS Collection Method: GPS unit (Make/Model: Garmin 60C **WATER WELL OWNER: 22 CEI/CEIER** ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey RR#, St. Address, Box #: 15657830 Pittsburg St., St City, State ZIP Code: Est. Accuracy: \square < 3 m, \square 3-5 m, \square 5-15 m, \square > 15 m McConnell AFB, KS 67221 MARK WELL'S LOCATION WITH AN "X" IN SECTION DEPTH OF WELL 17.5 3 ft. BOX: WELL'S STATIC WATER LEVEL WELL WAS USED AS: NW NE Domestic Public Water Supply Dewatering Irrigation Oil Field Water Supply Monitoring W E Feedlot Domestic (Lawn & Garden) Injection Well Industrial Air Conditioning Other SW SE Was a chemical/bacteriological sample submitted to Department? Yes No 📝 TYPE OF BLANK CASING USED: RMP (SR) Wrought Fiberglass Other (Specify below) Steel Asbestos-Cement **✓** PVC ABS Concrete Tile Blank casing diameter 2 in. Was casing pulled? Yes No I If yes, how much 7.5 feet Casing height above or below land surface -2 Neat cement Cement grout Bentonite Other ____ **GROUT PLUG MATERIAL:** From 17.5 ft. to 1.5 ft., From ft. to From _____ to ft. Grout Plug Intervals: 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 Direction from well? Cess pool Livestock pens Oil well/Gas well How many feet? **FROM** PLUGGING MATERIALS TO FROM TO PLUGGING MATERIALS 17.5 1.5 **Neat Cement** 0 1.5 Topsoil CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was

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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html.

completed on (mo/day/year) 08/28/2015

business name of Below Ground Surface, Inc.

Well Contractor's License No. 710

Check	one:	☐White Copy

_. This Water Well Record was completed on (mo/day/year) 10/25/2015

by (signature)

and this record is true to the best of my knowledge and belief. Kansas Water