

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

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|---|--|----------------------------|----------------------------------|---|
| 1 LOCATION OF WATER WELL: County: <u>Sedgwick</u> | Fraction <u>1/4 1/4 SW 1/4 SE 1/4</u> | Section Number <u>6</u> | Township Number <u>T 28 S</u> | Range Number <u>2</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 Well located within McConnell AFB,
Wichita, KS

Global Positioning Systems (GPS) information:
 Latitude: 37.63818 (in decimal degrees)
 Longitude: 97.25126 (in decimal degrees)
 Elevation: _____
 Datum: WGS84, NAD83, NAD27
 Collection Method:
 GPS unit (Make/Model: Garmin 60C)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

2 WATER WELL OWNER: 22 CEI/CEIER
 RR#, St. Address, Box #: 15657830 Pittsburg St., St
 City, State ZIP Code: McConnell AFB, KS 67221

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

| | |
|----|----|
| N | |
| NW | NE |
| SW | SE |
| S | |

W E

X

4 DEPTH OF WELL 19.5 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 _____
 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 9.5 feet
 Casing height above or below land surface -2 in.

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

Grout Plug Intervals: From 19.5 ft. to 1.5 ft., From _____ ft. to _____ ft., From _____ 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 Direction from well? _____
 Cess pool Livestock pens Oil well/Gas well How many feet? _____

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|-----|--------------------|------|----|--------------------|
| 19.5 | 1.5 | Neat Cement | | | |
| 1.5 | 0 | Topsoil | | | |
| | | | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 08/25/2015 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 710. This Water Well Record was completed on (mo/day/year) 10/25/2015 under the business name of Below Ground Surface, Inc. by (signature) _____

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>.

Check one: White Copy Blue Copy Pink Copy