

#55

WATER WELL PLUGGING RECORD

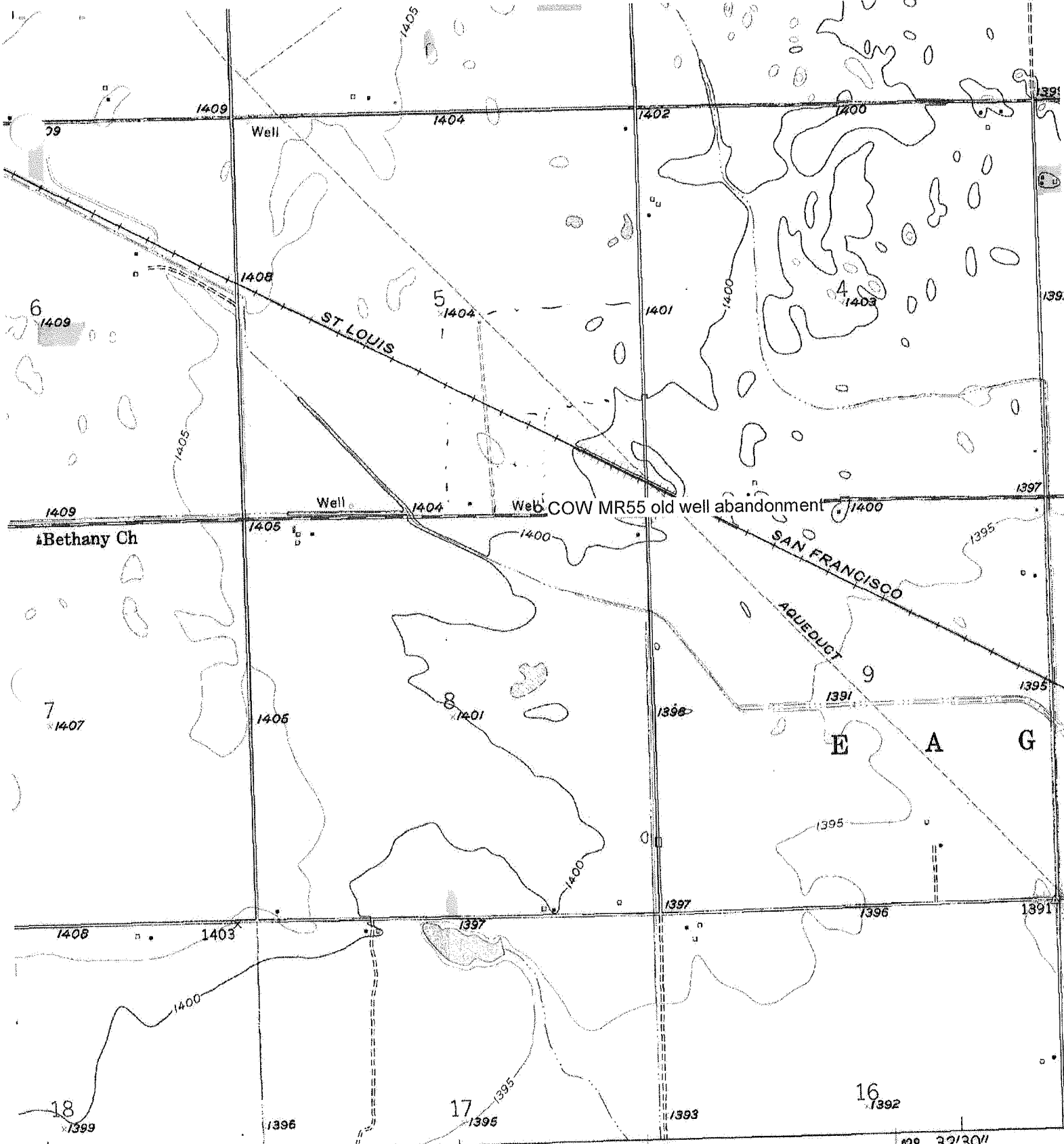
Form WWC-5P

KSA 82a-1212

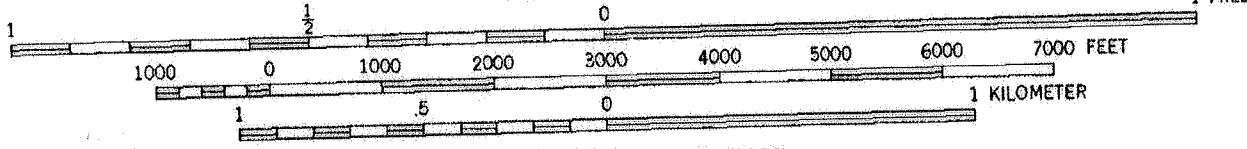
ID NO.

MR55

1	LOCATION OF WATER WELL:	Fraction SE 1/4 SW 1/4 SE 1/4	Section Number 5	Township Number 25 S	Range Number 2																											
County: <u>SEDGWICK</u>																																
Distance and direction from nearest town or city street address of well if located within city? 37° 53.873 N 97° 33.599 W																																
2	WATER WELL OWNER: <u>City of Wichita</u>																															
RR #, St. Address, Box #: City, State, ZIP Code :		6016 S. Spring Lake Rd Haltom, KS 67056																														
Board of Agriculture, Division of Water Resources Application Number:																																
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL <u>43.1</u> ft. From Ground level																													
N <table border="1" style="width:100%; height:100px; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> S					NW		NE				SW		SE							WELL'S STATIC WATER LEVEL <u>14.1</u> ft.												
		NW		NE																												
SW		SE																														
WELL WAS USED AS:																																
1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other																																
Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <u>X</u> No																																
5	TYPE OF BLANK CASING USED:																															
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile																																
Blank casing diameter <u>18</u> in. Was casing pulled? <u>Yes</u> No If yes, how much <u>4'</u>																																
Casing height above or below land surface <u>48</u> in.																																
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																															
Grout Plug Intervals: From <u>43.1</u> ft. to <u>4</u> ft., From ft. to ft., From to ft.																																
What is the nearest source of possible contamination:																																
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) <u>None Known</u>																																
Direction from well? How many feet?																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>TO</td> <td>4</td> <td>Cement Grout</td> </tr> <tr> <td>4</td> <td>0</td> <td>Native Soil</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	TO	4	Cement Grout	4	0	Native Soil																		
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>9/7/04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/year) under the business name of <u>Layne Christensen Company</u> by (signature) <u>[Signature]</u> PROJECT MANAGER																															
INSTRUCTIONS: Use typewriter or ball point 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: 785/296-5522. Send one to Water Well Owner and retain one for your records.																																



(COLWICH)
6469 / SE
SCALE 1:24 000



CONTOUR INTERVAL 5 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929