

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

|                                                             |                                   |                             |                              |                            |
|-------------------------------------------------------------|-----------------------------------|-----------------------------|------------------------------|----------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <b>Sedgwick</b> | Fraction<br><b>NW ¼ NE ¼ SW ¼</b> | Section Number<br><b>25</b> | Township Number<br><b>26</b> | Range Number<br><b>1 W</b> |
|-------------------------------------------------------------|-----------------------------------|-----------------------------|------------------------------|----------------------------|

Distance and direction from nearest town or city street address of well if located within city?  
**Approximately 4400 N. West St., Wichita**

|                                                                                                                                                          |                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2 WATER WELL OWNER:</b> City of Wichita<br><br>RR#, St. Address, Box #: <b>455 N. Main St.</b><br><br>City, State, ZIP Code: <b>Wichita, KS 67202</b> | <b>Global Positioning System</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                       |              |              |                          |                      |           |                            |                   |              |                    |                |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|--------------|--------------|--------------------------|----------------------|-----------|----------------------------|-------------------|--------------|--------------------|----------------|
| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><br><div style="text-align: center;"> </div> | <b>4 DEPTH OF WELL</b> <u>45.0</u> ft.<br><br>WELL'S STATIC WATER LEVEL <u>7.7</u> ft.<br><br>WELL WAS USED AS:<br><table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 <b>Monitoring</b></td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table><br>Was a chemical/bacteriological sample submitted to Department? Yes ___ No <b>X</b> | 1 Domestic           | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 <b>Monitoring</b> | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other _____ |
| 1 Domestic                                                                                                | 5 Public Water Supply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9 Dewatering         |                       |              |              |                          |                      |           |                            |                   |              |                    |                |
| 2 Irrigation                                                                                              | 6 Oil Field Water Supply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10 <b>Monitoring</b> |                       |              |              |                          |                      |           |                            |                   |              |                    |                |
| 3 Feedlot                                                                                                 | 7 Domestic (Lawn & Garden)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 11 Injection Well    |                       |              |              |                          |                      |           |                            |                   |              |                    |                |
| 4 Industrial                                                                                              | 8 Air Conditioning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 12 Other _____       |                       |              |              |                          |                      |           |                            |                   |              |                    |                |

**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 4 in. Was casing pulled? Yes \_\_\_ No **X** If yes, how much \_\_\_\_\_  
Casing height above or **below** land surface 36 in.

**6 GROUT PLUG MATERIAL:**      1 Neat cement      2 Cement grout      3 **Bentonite**      4 Other **Soil**

Grout Plug Intervals: From 45.0 ft. to 0.5 ft., From 0.5 ft. to 0 ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:  
1 Septic tank      6 Seepage pit      11 Fuel Storage      16 Other (specify below)  
2 Sewer lines      7 Pit privy      12 Fertilizer storage  
3 Watertight sewer lines      8 Sewage lagoon      13 Insecticide storage  
4 Lateral lines      9 Feedyard      14 Abandoned water well      Direction from well?  
5 Cess pool      10 Livestock pens      15 Oil well/Gas well      How many feet?

| FROM | TO   | PLUGGING MATERIALS     | FROM | TO | PLUGGING MATERIALS |
|------|------|------------------------|------|----|--------------------|
| 0    | 0.5  | <b>Native Soil</b>     |      |    |                    |
| 0.5  | 45.0 | <b>Bentonite Chips</b> |      |    |                    |
|      |      |                        |      |    |                    |
|      |      |                        |      |    |                    |
|      |      |                        |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 09/27/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531. This Water Well Record was completed on (mo/day/year) 10/25/07 under the business name of Geotechnical Services, Inc. by (signature) David King

**INSTRUCTIONS:** Please fill in blanks 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. Visit us at <http://www.kdheks.gov/waterwell>.