

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

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction NE ¼ NE ¼ SE ¼	Section Number 26	Township Number 26	Range Number 1 W
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Distance and direction from nearest town or city street address of well if located within city?
Approximately 4400 N. West St., Wichita

2 WATER WELL OWNER: City of Wichita RR#, St. Address, Box #: 455 N. Main St. City, State, ZIP Code: Wichita, KS 67202	Global Positioning System (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>19.1</u> ft. WELL'S STATIC WATER LEVEL <u>14.3</u> ft. WELL WAS USED AS: <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 Monitoring</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes ___ No <u>X</u>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____
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5 TYPE OF BLANK CASING USED:			
1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile
9 Other (Specify below) _____			
Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No ___ If yes, how much <u>All</u>			
Casing height above or <u>below</u> land surface <u>NA</u> in.			

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other <u>Soil</u>
Grout Plug Intervals: From <u>19.1</u> ft. to <u>0.5</u> ft., From <u>0.5</u> ft. to <u>0</u> 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	Native Soil			
0.5	19.1	Bentonite Chips			

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) [Signature]

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>.