WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212

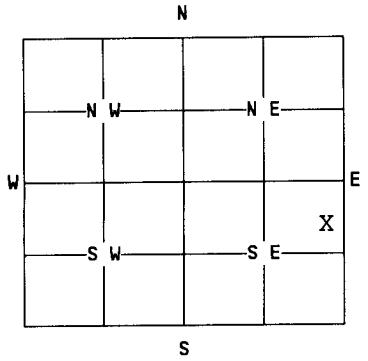
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sedgwick	SE 1/4 NE1/4 SE1/4	11 4	T27S	R1W

Distance and direction from nearest town or city street address of well if located within city?
5 ft. northwest of southwest corner 1627 S. West St. Wichita, Kansas

2 WATER WELL OWNER: Carolyn Winship
945 Crider Lane
RR#, St. Address, Box #: Union, MO. 63084
City, State, ZIP Code :

Board of Agriculture, Division of Water Resources
Application Number: Unknown

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



4 DEPTH OF WELL 21 feet ft.

WELL'S STATIC WATER LEVEL 15 ft.

WELL WAS USED AS:

1 Domestic 5 Public Water Supply 9 Dewatering
2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well
3 Feedlot XX 7 Lawn and Garden Only 11 Injection Well
4 Industrial 8 Air Conditioning 12 Other.....

Was a chemical/bacteriological sample submitted to Department? Yes....No.... X
If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes..... X No.....

5 TYPE OF BLANK CASING USED:

X1 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 6 in. Was casing pulled? Yes... X .. No..... If yes, how much 24 in.
Casing height above or below land surface 24 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout XX 3 Bentonite 4 Other.....

Grout Plug Intervals: From 9 ft. to 2 ft., From.....ft. to .....ft., From..... to.....ft.

What is the nearest source of possible contamination:

1 Septic tank 6 Seepage pit 11 Fuel storage XX 16 Other (specify below)
2 Sewer lines 7 Pit privy 12 Fertilizer storage .termite.treatment
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage
4 Lateral lines 9 Feedyard 14 Abandoned water well
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well

Direction from well? southeast How many feet? 5

FROM	TO	PLUGGING MATERIALS
2	0	topsoil
9	2	bentonite
15	9	subsoil
21	15	sand/bleach

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/13/97 and ~~this record is true~~ to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... This Water Well Record was completed on (mo/day/year) 8/13/97 under the business name of .....
by (signature) .....

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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.