WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID No. MW-7

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sedgwick	NE ¼ NW ¼ NW ¼	36	27	1-West

Distance and direction from nearest town or city street address of well if located within city?
3725 W. Harry, Wichita, Kansas

2 WATER WELL OWNER: **P.B. Hoidale, Inc.**
RR#, St. Address, Box # **3737 W. Harry**
City, State, ZIP Code : **Wichita, Kansas 67213-2104**
Board of Agriculture, Division of Water Resources
Application Number:

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

N / W / E / S; X in NW; NW, NE, SW, SE

4 DEPTH OF WELL **20.0** ft.
WELL'S STATIC WATER LEVEL **12.72** 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 7 Lawn and Garden (domestic) 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 ___ No X

5 TYPE OF BLANK CASING USED:
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)
(2) PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile
Blank casing diameter **2.375** in. Was casing pulled? Yes ___ No X If yes, how much? **Unable to remove casing.**
Casing height above or (below) land surface **Unknown** in. **Unable to overdrill well. Excavated to approximately 3' BGL and plugged casing per waiver from D. Taylor, KDHE-BOW.**

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite (4) Other **Concrete/Soils**
Grout Plug Intervals From **20.0** ft. to **3.0** ft. From **3.0** ft. to **0.0** ft. From ___ ft. 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
5 Cess Pool 10 Livestock pens 15 Oil well/ Gas well

Direction from well? **Southeast** How many feet? **100**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	1.0		**Concrete**
1.0	3.0		**Compacted soils**
3.0	20.0		**Bentonite chips**

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **09/21/05** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **09/30/05** under the business name of **Quad State Services, Inc.** by (signature)

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.