

MW-15

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO. _____

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
	County: <u>Sedgwick</u>	<u>SE 1/4 SE 1/4 SW 1/4</u>	<u>16</u>	<u>27</u>	<u>1</u> EW																											
Distance and direction from nearest town or city street address of well if located within city? <u>8000 W. Central, Wichita KS 67212</u>																																
2	WATER WELL OWNER: <u>Former FINA 6167</u> <u>8000 W. Central</u>																															
RR #, St. Address, Box #:			Board of Agriculture, Division of Water Resources																													
City, State, ZIP Code : <u>Wichita KS 67212</u>			Application Number:																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL <u>41</u> ft.																												
		WELL'S STATIC WATER LEVEL _____ ft.																														
		WELL WAS USED AS:																														
		<table style="width:100%; border: none;"> <tr> <td style="width:33%;">1 Domestic</td> <td style="width:33%;">5 Public Water Supply</td> <td style="width:33%;">9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</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>				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____															
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		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 _____																														
N <table border="1" style="width: 150px; height: 100px; border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td>W</td><td></td><td>E</td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> <tr><td></td><td>X</td><td></td></tr> <tr><td></td><td>S</td><td></td></tr> </table>									NW		NE	W		E	SW		SE		X			S										
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5	TYPE OF BLANK CASING USED:																															
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Blank casing diameter <u>2</u> in. Was casing pulled? Yes X No _____ If yes, how much <u>3'</u>																																
Casing height above or below land surface _____ in.																																
6	GROUT PLUG MATERIAL:																															
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Grout Plug Intervals: From <u>41</u> ft. to <u>3</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft.																																
What is the nearest source of possible contamination:																																
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Direction from well? <u>N</u> How many feet? <u>25</u>																																
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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>3-7-09</u> 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) <u>4-13-09</u> under the business name of <u>GreenField Contractors</u> by (signature) <u>Jan Perelman</u>																															

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.