

## 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>SW ¼ SE ¼ SW ¼</b> | Section Number<br><b>21</b> | Township Number<br><b>27S</b> | Range Number<br><b>1 W</b> |
|-------------------------------------------------------------|-----------------------------------|-----------------------------|-------------------------------|----------------------------|

Distance and direction from nearest town or city street address of well if located within city?  
**207 S. Socora - Wichita**

|                                                                                                                                                       |                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2 WATER WELL OWNER: Earnest Newell</b><br><br>RR#, St. Address, Box #: <b>207 S. Socora</b><br><br>City, State, ZIP Code: <b>Wichita, KS 67209</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;"> N<br/> <table border="1" style="margin: auto;"> <tr> <td></td> <td>NW</td> <td>NE</td> <td></td> </tr> <tr> <td>W</td> <td></td> <td></td> <td>E</td> </tr> <tr> <td></td> <td>SW</td> <td>SE</td> <td></td> </tr> <tr> <td></td> <td>X</td> <td></td> <td></td> </tr> </table> S </div> |                            | NW                | NE |  | W |  |  | E |  | SW | SE |  |  | X |  |  | <b>4 DEPTH OF WELL</b> <u>118.45</u> ft.<br><br><b>WELL'S STATIC WATER LEVEL</b> <u>23.97</u> ft.<br><br><b>WELL WAS USED AS:</b><br><table style="width: 100%;"> <tr> <td>1 <b>Domestic</b></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 &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 <u>X</u> | 1 <b>Domestic</b> | 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 _____ |
|                                                                                                                                                                                                                                                                                                                                                                                             | NW                         | NE                |    |  |   |  |  |   |  |    |    |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                       |              |              |                          |               |           |                            |                   |              |                    |                |
| W                                                                                                                                                                                                                                                                                                                                                                                           |                            |                   | E  |  |   |  |  |   |  |    |    |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                       |              |              |                          |               |           |                            |                   |              |                    |                |
|                                                                                                                                                                                                                                                                                                                                                                                             | SW                         | SE                |    |  |   |  |  |   |  |    |    |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                       |              |              |                          |               |           |                            |                   |              |                    |                |
|                                                                                                                                                                                                                                                                                                                                                                                             | X                          |                   |    |  |   |  |  |   |  |    |    |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                       |              |              |                          |               |           |                            |                   |              |                    |                |
| 1 <b>Domestic</b>                                                                                                                                                                                                                                                                                                                                                                           | 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 _____    |    |  |   |  |  |   |  |    |    |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                       |              |              |                          |               |           |                            |                   |              |                    |                |

|                                     |            |                   |                 |                               |
|-------------------------------------|------------|-------------------|-----------------|-------------------------------|
| <b>5 TYPE OF BLANK CASING USED:</b> |            |                   |                 |                               |
| 1 <b>Steel</b>                      | 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 Cut off 1' below surface\*  
Casing height above or below land surface 12 in.

|                               |                       |                    |               |  |
|-------------------------------|-----------------------|--------------------|---------------|--|
| <b>6 GROUT PLUG MATERIAL:</b> |                       |                    |               |  |
| 1 Neat cement                 | 2 <b>Cement grout</b> | 3 <b>Bentonite</b> | 4 Other _____ |  |

Grout Plug Intervals: From 0 ft. to 3 ft., From 3 ft. to 118.45 ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

|                          |                   |                         |                                       |
|--------------------------|-------------------|-------------------------|---------------------------------------|
| 1 Septic tank            | 6 Seepage pit     | 11 Fuel Storage         | <b>16 Other</b> KDHE ISL C2-087-73100 |
| 2 Sewer lines            | 7 Pit privy       | 12 Fertilizer storage   | Four Seasons Dry Cleaner site         |
| 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 | NOTES                                                                  |
|------|--------|--------------------|------|----|------------------------------------------------------------------------|
| 0    | 3      | Cement grout       |      |    | * Well located inside house. Plugged in place per KDHE project manager |
| 3    | 118.45 | Bentonite          |      |    |                                                                        |
|      |        |                    |      |    |                                                                        |
|      |        |                    |      |    |                                                                        |
|      |        |                    |      |    |                                                                        |
|      |        |                    |      |    |                                                                        |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 09/22/14 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) 10/01/14 under the business name of GSI Engineering, LLC 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>.