

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 NE ¼ NW ¼</b> | Section Number<br><b>28</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?

**400 S. Socora – Wichita**

|                                                                                                                                                   |                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2 WATER WELL OWNER: Tommy Wood</b><br><br>RR#, St. Address, Box #: <b>400 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;"> </div> | <b>4 DEPTH OF WELL</b> <u>33.04</u> ft.<br><br>WELL'S STATIC WATER LEVEL <u>28.12</u> ft.<br><br>WELL WAS USED AS:<br><table border="0"> <tr> <td>1 <input checked="" type="checkbox"/> 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 &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 <input checked="" type="checkbox"/> | 1 <input checked="" type="checkbox"/> 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 _____ |
| 1 <input checked="" type="checkbox"/> 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 _____                                 |                       |              |              |                          |               |           |                            |                   |              |                    |                |

|                                                                                                                                                        |            |                   |                 |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|-----------------|-------------------------|
| <b>5 TYPE OF BLANK CASING USED:</b>                                                                                                                    |            |                   |                 |                         |
| 1 <input checked="" type="checkbox"/> 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 <u>6</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No ___ If yes, how much <u>Cut off 1' below surface*</u> |            |                   |                 |                         |
| Casing height above or <u>below</u> land surface <u>12</u> in.                                                                                         |            |                   |                 |                         |

|                                                                                                                         |                   |                                                    |                                                                    |               |
|-------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------|--------------------------------------------------------------------|---------------|
| <b>6 GROUT PLUG MATERIAL:</b>                                                                                           | 1 Neat cement     | 2 <input checked="" type="checkbox"/> Cement grout | 3 <input checked="" type="checkbox"/> Bentonite                    | 4 Other _____ |
| Grout Plug Intervals: From <u>0</u> ft. to <u>3</u> ft., From <u>3</u> ft. to <u>33.04</u> ft., From _____ to _____ ft. |                   |                                                    |                                                                    |               |
| What is the nearest source of possible contamination:                                                                   |                   |                                                    |                                                                    |               |
| 1 Septic tank                                                                                                           | 6 Seepage pit     | 11 Fuel Storage                                    | <input checked="" type="checkbox"/> 16 Other 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    | 33.04 | Bentonite          |      |    |                                                                        |
|      |       |                    |      |    |                                                                        |
|      |       |                    |      |    |                                                                        |
|      |       |                    |      |    |                                                                        |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 06/26/14 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) 07/17/14 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>.