

# WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

|                                                      |                                          |                          |                               |                                                                                        |
|------------------------------------------------------|------------------------------------------|--------------------------|-------------------------------|----------------------------------------------------------------------------------------|
| 1 LOCATION OF WATER WELL:<br>County: <u>Sedgwick</u> | Fraction <u>1/4 NW 1/4 NW 1/4 SE 1/4</u> | Section Number <u>12</u> | Township Number <u>T 27 S</u> | Range Number <u>1</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|------------------------------------------------------|------------------------------------------|--------------------------|-------------------------------|----------------------------------------------------------------------------------------|

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☒

Global Positioning Systems (GPS) information:

Latitude: \_\_\_\_\_ (in decimal degrees)

Longitude: \_\_\_\_\_ (in decimal degrees)

Elevation: \_\_\_\_\_

Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27

Collection Method:

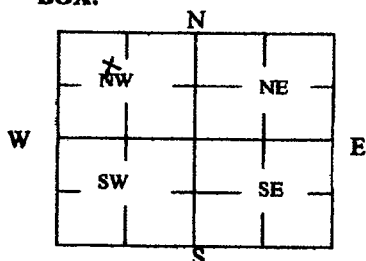
☐ GPS unit (Make/Model: \_\_\_\_\_)

☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey

Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: Delores Cloud  
RR#, St. Address, Box #: 1719 N. Custer  
City, State ZIP Code: Wichita, KS 67203

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



4 DEPTH OF WELL 21' 8" ft.

WELL'S STATIC WATER LEVEL 14' 6" ft

WELL WAS USED AS:

☒ Domestic  
☒ Irrigation  
☐ Feedlot  
☐ Industrial

☐ Public Water Supply  
☐ Oil Field Water Supply  
☐ Domestic (Lawn & Garden)  
☐ Air Conditioning

☐ Dewatering  
☐ Monitoring  
☐ Injection Well  
☐ Other \_\_\_\_\_

Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒

5 TYPE OF BLANK CASING USED:

☒ Steel  
☒ PVC

☐ RMP (SR)  
☐ ABS

☐ Wrought  
☐ Asbestos-Cement

☐ Fiberglass  
☐ Concrete Tile

☐ Other (Specify below) \_\_\_\_\_

Blank casing diameter 6 in. Was casing pulled? Yes ☐ No ☒ If yes, how much \_\_\_\_\_  
Casing height above or below land surface -36" in.

6 GROUT PLUG MATERIAL: ☒ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other \_\_\_\_\_

Grout Plug Intervals: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

☒ Septic tank  
☒ Sewer lines  
☐ Watertight sewer lines  
☐ Lateral lines  
☐ Cess pool

☐ Seepage pit  
☐ Pit privy  
☐ Sewage lagoon  
☐ Feedyard  
☐ Livestock pens

☐ Fuel storage  
☐ Fertilizer storage  
☐ Insecticide storage  
☐ Abandoned water well  
☐ Oil well/Gas well

☐ Other (specify below) \_\_\_\_\_

Direction from well? East  
How many feet? 40-50'

| FROM   | TO     | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|--------|--------|--------------------|------|----|--------------------|
| 21' 8" | 18' 8" | Cement             |      |    |                    |
| 18' 8" | 0'     | Soil / Fill Dirt   |      |    |                    |
|        |        |                    |      |    |                    |
|        |        |                    |      |    |                    |
|        |        |                    |      |    |                    |
|        |        |                    |      |    |                    |
|        |        |                    |      |    |                    |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/26/2019 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. NA. This Water Well Record was completed on (mo/day/year) 11/26/2019 under the business name of NA by (signature) [Signature] POH

INSTRUCTIONS: Use typewriter or ballpoint 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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.