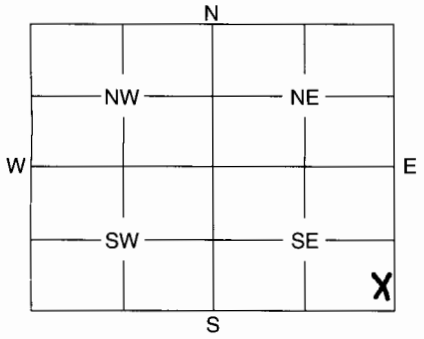
WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. _____

1 LOCATION OF WATER WELL: County: Sedgwick | Fraction: SE ¼ ¼ ¼ | Section Number: 21 | Township Number: 27 S | Range Number: 2 W E/W

Distance and direction from nearest town or city street address of well if located within city?
259 S, 167th West

2 WATER WELL OWNER: Kenneth Wewe
RR #, St. Address, Box #: 1421 N. Parkridge
City, State, ZIP Code : Wichita 67212
Board of Agriculture, Division of Water Resources Application Number:

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



4 DEPTH OF WELL 40 ft.
WELL'S STATIC WATER LEVEL 32 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 Domestic (Lawn & Garden)	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 X No ____

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below) hand dug well w/ brick wall
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter 42 in. Was casing pulled? Yes ____ No X If yes, how much ____
Casing height above or below land surface even in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other ____

Grout Plug Intervals: From 8 ft. to 7 ft., From ____ ft. to ____ ft., From ____ 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? South How many feet? 65

FROM	TO	PLUGGING MATERIALS

Work was done by owner - Kenneth Wewe

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2 Jan 17, 2006 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) ____ under the business name of ____ by (signature) ____

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.