

dated 8/12/11

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

1 LOCATION OF WATER WELL
County: Sedgwick
Fraction: NW 1/4 SW 1/4 SE 1/4
Section Number: 20
Township Number: 27
Range Number: 2 E/W

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Derrick Carpenter
RR#, St. Address, Box #: 14342 W Ocala Ct
City, State ZIP Code: Wichita
Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude:
Longitude:
Elevation:
Datum:
Data Collection Method:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:
A 3x3 grid with sections NW, NE, SW, SE. The center section is marked with an 'X'.

4 DEPTH OF WELL _____ ft.
WELL'S STATIC WATER LEVEL _____ ft.
WELL WAS USED AS:
1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring 11 Injection Well 12 Other
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____

5 TYPE OF BLANK CASING USED:
1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below)
Blank casing diameter _____ in. Was casing pulled? Yes X No _____ If yes, how much 3 foot
Casing height above or below land surface 3 foot

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ to _____ ft.
What is the nearest source of possible contamination:
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel Storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)
Direction from well? _____
How many feet? _____

Table with 6 columns: FROM, TO, PLUGGING MATERIALS, FROM, TO, PLUGGING MATERIALS. Handwritten entry: Top to Bottom Bentonite

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8-8-14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 611. This Water Well Record was completed on (mo/day/year) 8-12-14 under the business name of _____ by (signature) [Signature]

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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/geo/waterwells.