

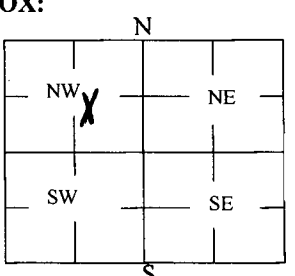
# WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

MW-37S

<b>1 LOCATION OF WATER WELL:</b> County: Wyandotte	Fraction NW ¼ SE ¼ NW ¼ ¼	Section Number 13	Township Number T 11 S	Range Number 24 <input checked="" type="checkbox"/> E <input 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 <input type="checkbox"/> 5200 Speaker Road Kansas City, KS		<b>Global Positioning Systems (GPS) information:</b> Latitude: 39.095103 (in decimal degrees) Longitude: -94.697324 (in decimal degrees) Elevation: _____ Horizontal Datum: <input checked="" type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: _____ <input checked="" type="checkbox"/> GPS unit (Make/Model: Garmin etrek) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m		
<b>2 WATER WELL OWNER:</b> TH Agriculture & Nutrition LLC RR#, St. Address, Box #: 15313 W 95th St City, State ZIP Code: Lenexa, KS 66219				

<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF WELL</b> 52 ft. WELL'S STATIC WATER LEVEL _____ ft. WELL WAS USED AS: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input checked="" type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Monitoring <input type="checkbox"/> Feedlot <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Injection Well <input type="checkbox"/> Industrial <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Other _____ Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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**5 TYPE OF BLANK CASING USED:**

☐ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below)  
☒ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile

Blank casing diameter 1 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 5 feet

Casing height above or below land surface -6 in.

**6 GROUT PLUG MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☒ Other Top Soil

Grout Plug Intervals: From 0 ft. to 1 ft., From 1 ft. to 5 ft., From 5 ft. to 52 ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel storage	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	unknown
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? _____
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	1	Asphalt			
1	5	Top Soil			
5	52	Bentonite grout			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3/23/2020 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 710. This Water Well Record was completed on (mo/day/year) 4/10/2020 under the business name of Below Ground Surface, Inc. by (signature) *Ray K. Hester*

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.  
Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.

KSA82a-1212

Revised 1/20/2015