

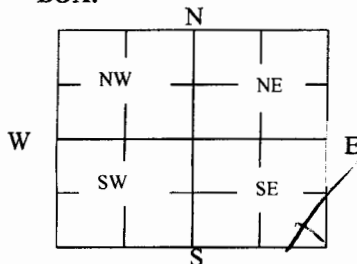
## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

CMW-1D

|   |   |   |                                  |   |
|---|---|---|----------------------------------|---|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Reno</u>   | Fraction<br>SW $\frac{1}{4}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$ | Section Number<br><u>05</u>   | Township Number<br><u>T 23 S</u> | Range Number<br><u>5</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 <input type="checkbox"/> Approximately 580' W & 80' N of<br><br><u>17th Avenue and Halstead Street Intersection.</u> |   | <b>Global Positioning Systems (GPS) information:</b><br>Latitude: <u>38.073214</u> (in decimal degrees)<br>Longitude: <u>-97.887435</u> (in decimal degrees)<br>Elevation: <u>Unknown</u><br>Datum: <input type="checkbox"/> WGS84, <input checked="" type="checkbox"/> NAD83, <input type="checkbox"/> NAD27<br>Collection Method:<br><input type="checkbox"/> GPS unit (Make/Model: _____)<br><input checked="" type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input checked="" type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |                                  |   |
| <b>2 WATER WELL OWNER:</b> City of Hutchinson<br>RR#, St. Address, Box #: <u>PO Box 1567</u><br>City, State ZIP Code: <u>Hutchinson, KS 67504</u>   |   |   |                                  |   |

**3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:****4 DEPTH OF WELL** 63 ft.WELL'S STATIC WATER LEVEL 12.95 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
- ID - CMW-1D

Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒**5 TYPE OF BLANK CASING USED:**

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

 Blank casing diameter 2 in. Was casing pulled? Yes ☐ No ☒ If yes, how much \_\_\_\_\_  
 Casing height above or below land surface below - 40 in.
**6 GROUT PLUG MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other \_\_\_\_\_Grout Plug Intervals: From 63 ft. to 3.3 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ 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 checked="" type="checkbox"/> Other (specify below)<br>ADM Grain Elevator |
| <input type="checkbox"/> Sewer lines            | <input type="checkbox"/> Pit privy      | <input type="checkbox"/> Fertilizer storage   |   |
| <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 |   |
| <input type="checkbox"/> Cess pool              | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well    |   |

 Direction from well? North-Northeast  
 How many feet? 1050

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|------|----|--------------------|
| 63   | 3  | Bentonite Holeplug |      |    |                    |
| 3    | 0  | Topsoil            |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 04/20/2010 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A. This Water Well Record was completed on (mo/day/year) 04/20/2010 under the business name of City of Hutchinson by (signature) [Signature] L.G.

**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>.

Check one: ☒ White Copy ☐ Blue Copy ☐ Pink Copy