

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

FSE-AS4

1 LOCATION OF WATER WELL: County: Reno	Fraction ¼ sw ¼ ne ¼ sw ¼	Section Number 09	Township Number T 23 S	Range Number 5 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ ADM Elevator J
816 N. Halstead St.
Hutchinson, KS 67501

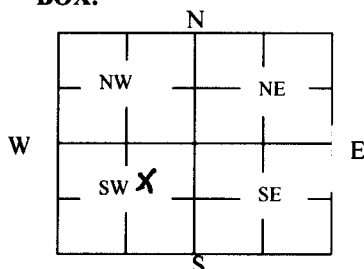
Global Positioning Systems (GPS) information:

Latitude: 38.06169665 (in decimal degrees)
Longitude: -97.8791178 (in decimal degrees)
Elevation: 1527
Horizontal Datum: ☐ WGS84, ☒ NAD83, ☐ NAD27
Collection Method:

☒ GPS unit (Make/Model: Topcon GRS-1)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey

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

2 WATER WELL OWNER: City of Hutchinson
RR#, St. Address, Box #: PO Box 1567
City, State ZIP Code: Hutchinson, KS 67504-1567

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**4 DEPTH OF WELL** 45 **ft.**WELL'S STATIC WATER LEVEL 17.00 **ft**

WELL WAS USED AS:

<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input 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 checked="" type="checkbox"/> Injection Well
<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input checked="" type="checkbox"/> Other Air Sparge

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 48 below in.

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

Grout Plug Intervals: From 45 ft. to 4 ft., From _____ ft. to _____ ft., From _____ ft. 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)
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	Carbon-Tetrachloride Remediation Site
<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? at well site
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? 0

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
45	4	Bentonite Holeplug			
4	0	Topsoil			Former 4th & Carey Source Area
					Remediation Project Well.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/30/2015 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) 11/17/2015 under the business name of City of Hutchinson, KS by (signature) Donald Koci P.G.

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.

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Revised 1/20/2015