

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

LFMW-8S

1 LOCATION OF WATER WELL: County: RENO	Fraction ¼ NW ¼ NW ¼ NW ¼	Section Number 17	Township Number 23 T S	Range Number 5 <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 ☐ NE OF HOAGLAND AND 4TH AVENUE

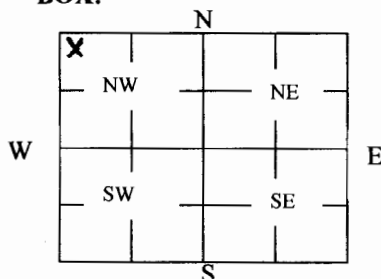
Global Positioning Systems (GPS) information:

Latitude: UNKNOWN (in decimal degrees)
Longitude: (in decimal degrees)
Elevation:
Horizontal Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27
Collection Method:

2 WATER WELL OWNER: LOWEN CORPORATION
RR#, St. Address, Box #: 1501 N HALSTEAD
City, State ZIP Code: HUTCHINSON KS 67502

☐ GPS unit (Make/Model):
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

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



4 DEPTH OF WELL 24 ft.

WELL'S STATIC WATER LEVEL _____ 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 checked="" 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 ☐ No ☐

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter .5 in. Was casing pulled? Yes ☒ No ☐ If yes, how much TOP 4FT
Casing height above or below land surface 0 in.

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

Grout Plug Intervals: From 24 ft. to 1 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 type="checkbox"/> Other (specify below) _____
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	
<input checked="" 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? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
24	1	BENTONITE SLURRY			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/24/18 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 709. This Water Well Record was completed on (mo/day/year) 11/2/18 under the business name of PLAINS ENVIRONMENTAL SERVICES, INC. by (signature) JESSE KALVIG

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