

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

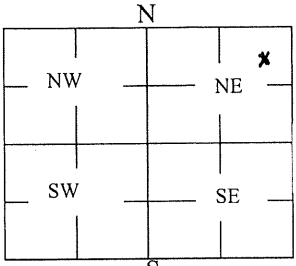
ID NO.

LHMW-1s

1 LOCATION OF WATER WELL: County: Reno	Fraction sw ¼ ne ¼ ne ¼ ne ¼	Section Number 8	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 <input type="checkbox"/> 590 ft. west and 280 ft. north of intersection of E 15th Ave. and N Halstead St., Hutchinson, KS.	Global Positioning Systems (GPS) information: Latitude: <u>38.0712</u> (in decimal degrees) Longitude: <u>-97.8876</u> (in decimal degrees) Elevation: <u>1529</u> Horizontal Datum: <input checked="" type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method:
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2 WATER WELL OWNER: Lowen Corp. RR#, St. Address, Box #: 1111 Airport Rd. City, State ZIP Code: Hutchinson, KS 67501	<input type="checkbox"/> GPS unit (Make/Model: _____) <input checked="" 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
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>30</u> ft. WELL'S STATIC WATER LEVEL <u>13.2</u> 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 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: <input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify below) _____ <input checked="" type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile
Blank casing diameter <u>.5</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>5'</u> Casing height above or below land surface <u>5 ft</u> 5 ft SDA

6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____
Grout Plug Intervals: From <u>0</u> ft. to <u>30</u> 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 <u>Manufacturing Facility</u> <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? <u>se</u> <input type="checkbox"/> Cess pool <input type="checkbox"/> Livestock pens <input type="checkbox"/> Oil well/Gas well How many feet? <u>180'</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	30	Bentonite			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10/27/23</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> . This Water Well Record was completed on (mo/day/year) <u>11/27/2023</u> under the business name of <u>GeoCore, LLC</u> by (signature) <u>Dale Bell</u>

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.