|  |   | WATER WELL PLUGGING   | RECORD Form WWC-5P   | KSA 82a-1212 ID N   | 10  |  |
|--|---|---|--|---|---|--|
| 1 LOCATION   | OF WATER WELL:                          | Fraction  | Section Number   | Township Number   | Range Number  |  |
| County: Ren  | 0                                       | SW 1/4 NE 1/4 SW 1/4  | 22   | 23 S  | 6   |  |
|  |   | n or city street address of well if h                               | ocated within city?  | 23 5  | 477   |  |
| 1910 S.  | Broadacres                              | Road, Hutchinson  |  |   |   |  |
| 2 WATER WE   | ELLOWNER: KOC                           | ch Underground St   | orage  |   |   |  |
| RR #, St. Ad<br>City, State, Z                                       | dress, Box #: 191                       | 0 S. Broadacres<br>cchinson, KS 675                                 | Road Board of Agriculture  | e, Division of Water Resource:  | ces   |  |
| 1 1  | LL'S LOCATION WITH<br>SECTION BOX:<br>N |   | 114 tt. TER LEVEL 22.4 ft.   |   |   |  |
|  |   | WELL WAS USED A   | S:   |   |   |  |
| w NW   | NE -                                    | 1 Domestic<br>2 Irrigation<br>3 Feedlot<br>E 4 Industrial           | <ul><li>5 Public Water Supply</li><li>6 Oil Field Water Supp</li><li>7 Domestic (Lawn &amp; G</li><li>8 Air Conditioning</li></ul> | oly 10 Monitorii<br>iarden) 11 Injection  | ng Well   |  |
| Was a chemical / bacteriological sample submitted to Department? Yes |   |   |  |   |   |  |
|  | S                                       | Water Well Disinfected:   | Yes NoX  |   |   |  |
| 5 TYPE OF B  | LANK CASING USE                         | D:  |  |   |   |  |
| 1 Steel<br>2 PVC   |   |   | rglass 9 Other (Specify b  | elow)   |   |  |
| Blank casir  | ng diameter4                            | in. Was casing pulled?  | YesV No  | If yes, how mu  | uch3/   |  |
| 6 GROUT PL   | UG MATERIAL:                            | 1 Neat cement 2 Cement g  | grout ③Bentonite ④   | Other Native So   | il  |  |
| Grout Plug   |   | om  | ft., Fromft. to  | o ft., From   | to ft.  |  |
| What is the 1 Septic   |   | ssible contamination:  6 Seepage pit                                | 11 Fuel storage  | 11 Fuel storage 16 Other (specify below)  |   |  |
| 2 Sewer lines  |   | 7 Pit privy<br>8 Sewage lagoon                                      | 12 Fertilizer storage 13 Insecticide storage   |   |   |  |
| Watertight sewer lines     Lateral lines                             |   | 9 Feedyard  | 14 Abandoned water   |   |   |  |
| 5 Cess   |   | 10 Livestock pens   | 15 Oil well/Gas well   |   |   |  |
| Direction fr   | om well?                                | How ma  | any feet?  |   |   |  |
| FROM   | то                                      | PLUGGING MATERIALS  |  |   |   |  |
| 0  | 3 Nati                                  | ive soil (11")  |  |   |   |  |
| 3 2  | 25 Bent                                 | conite (11")  |  |   |   |  |
| 25 /   | 14 Ben                                  | tonite (4")   |  |   |   |  |
|  |   |   |  | •   |   |  |
|  |   |   | Hu-06  | 9   |   |  |
|  |   |   |  |   |   |  |
|  |   |   |  |   |   |  |
| 7 CONTRAC<br>(mo/day/ye<br>Water Well (<br>6 / 2<br>by (signatu      | TOR'S OF LANDO<br>ar)                   | OWNER'S CERTIFICATION: T  2005  Io. 527  Ier the business name of G | his water well was plugged   | I under my jurisdiction a<br>le to the best of my knowl<br>ater Well Record was com | and was completed on<br>edge and belief. Kansas<br>ipleted on (mo/day/year) |  |

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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: 785/296-5522. Send one to Water Well Owner and retain one for your records.