

**WATER WELL PLUGGING RECORD Form WWC-5P**
**KSA 82a-1212**
**ID NO.**
**MW-4**

|                                                 |                            |                      |                         |                       |
|-------------------------------------------------|----------------------------|----------------------|-------------------------|-----------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>Reno County | Fraction<br>SW ¼ SE ¼ SE ¼ | Section Number<br>25 | Township Number<br>23 S | Range Number<br>R 6 W |
|-------------------------------------------------|----------------------------|----------------------|-------------------------|-----------------------|

Distance and direction from nearest town or city street address of well if located within city?  
Well was located at 800 Wilbeck Drive, South Hutchinson, Kansas

|                                                                                                                                             |                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2 WATER WELL OWNER:</b><br>Pepsi Cola Bottling<br>RR#, St. Address, Box #:<br>P.O. Box 977<br>City, State ZIP Code:<br>Wichita, KS 67201 | <b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                         |    |    |    |  |  |  |    |  |    |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|--|--|--|----|--|----|--|--|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><br><div style="text-align: center;"> N<br/> <table border="1" style="margin: auto;"> <tr> <td>NW</td> <td></td> <td>NE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>SW</td> <td></td> <td>SE</td> </tr> <tr> <td></td> <td></td> <td>X</td> </tr> </table> <br/> S </div> | NW |    | NE |  |  |  | SW |  | SE |  |  | X | <b>4 DEPTH OF WELL</b> <u>18.30</u> ft.<br><br>WELL'S STATIC WATER LEVEL <u>13.90</u> ft.<br><br>WELL WAS USED AS: <span style="border: 1px solid black; padding: 2px;">X</span><br><br><div style="display: flex; justify-content: space-between;"> <div> 1 Domestic<br/>2 Irrigation<br/>3 Feedlot<br/>4 Industrial </div> <div> 5 Public Water Supply<br/>6 Oil Field Water Supply<br/>7 Domestic (Lawn &amp; Garden)<br/>8 Air Conditioning </div> <div> 9 Dewatering<br/><span style="border: 1px solid black; padding: 2px;">10 Monitoring</span><br/>11 Injection Well<br/>12 Other _____ </div> </div><br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>x</u> _____ |
| NW                                                                                                                                                                                                                                                                                                                                                      |    | NE |    |  |  |  |    |  |    |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                         |    |    |    |  |  |  |    |  |    |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| SW                                                                                                                                                                                                                                                                                                                                                      |    | SE |    |  |  |  |    |  |    |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                         |    | X  |    |  |  |  |    |  |    |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

**5 TYPE OF BLANK CASING USED:**

|                                                                   |            |                   |                 |                         |
|-------------------------------------------------------------------|------------|-------------------|-----------------|-------------------------|
| 1 Steel                                                           | 3 RMP (SR) | 5 Wrought         | 7 Fiberglass    | 9 Other (Specify below) |
| <span style="border: 1px solid black; padding: 2px;">2 PVC</span> | 4 ABS      | 6 Asbestos-Cement | 8 Concrete Tile |                         |

Blank casing diameter 2 in. Was casing pulled? Yes x No \_\_\_\_\_ If yes, how much 3'  
Casing height above or below land surface \_\_\_\_\_ in.

**6 GROUT PLUG MATERIAL:**      1 Neat cement      2 Cement grout      3 Bentonite      4 Other Soil

Grout Plug Intervals:    From 2 0 ft. to 0.5 ft.,    From 3 0.5 ft. to 3.5 ft.,    From 4 3.5 to 18.30 ft.

What is the nearest source of possible contamination:

|                          |                   |                         |                            |
|--------------------------|-------------------|-------------------------|----------------------------|
| 1 Septic tank            | 6 Seepage pit     | 11 Fuel Storage         | 16 Other (specify below)   |
| 2 Sewer lines            | 7 Pit privy       | 12 Fertilizer storage   | <u>Contaminated Site</u>   |
| 3 Watertight sewer lines | 8 Sewage lagoon   | 13 Insecticide storage  |                            |
| 4 Lateral lines          | 9 Feedyard        | 14 Abandoned water well | Direction from well? _____ |
| 5 Cess pool              | 10 Livestock pens | 15 Oil well/Gas well    | How many feet? _____       |

| FROM | TO     | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|--------|--------------------|------|----|--------------------|
| 0'   | 0.5'   | Gravel             |      |    |                    |
| 0.5' | 3.5'   | Soil               |      |    |                    |
| 3.5' | 18.30' | Bentonite Chips    |      |    |                    |
|      |        |                    |      |    |                    |
|      |        |                    |      |    |                    |
|      |        |                    |      |    |                    |
|      |        |                    |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/17/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 585. This Water Well Record was completed on (mo/day/year) 10/27/11 under the business name of Associated Environmental, Inc. by (signature) [Signature]

**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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.