

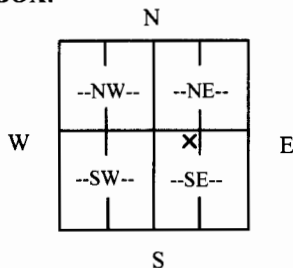
WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

28,799

1 LOCATION OF WATER WELL: County: Edwards 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"/> Approximately 2 miles south and 1 3/4 miles east of Lewis	Fraction 1/4 NE 1/4 NW 1/4 SE 1/4 Section Number 6 Township Number T 25 S Range Number 17 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Global Positioning Systems (GPS) information: Latitude: 37.904478 (in decimal degrees) Longitude: -99.228419 (in decimal degrees) Elevation: unknown Datum: <input type="checkbox"/> WGS84, <input checked="" type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: WAAS) <input 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
2 WATER WELL OWNER: Gary Mundhenke RR#, St. Address, Box #: 21 Prairie Dunes Dr. City, State ZIP Code: Hutchinson, KS 67502		

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

4 DEPTH OF WELL 82.5 **ft.**

 WELL'S STATIC WATER LEVEL 48.8 **ft**

WELL WAS USED AS:

- | | | |
|--|---|---|
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering |
| <input checked="" 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 ☐ No ☒
5 TYPE OF BLANK CASING USED:

- | | | | | |
|---|-----------------------------------|--|--|--|
| <input checked="" type="checkbox"/> Steel | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought | <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Other (Specify below) _____ |
| <input type="checkbox"/> PVC | <input type="checkbox"/> ABS | <input type="checkbox"/> Asbestos-Cement | <input type="checkbox"/> Concrete Tile | |

 Blank casing diameter 16 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____
 Casing height above or below land surface. 48 in.

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

 Grout Plug Intervals: From _____ ft. to _____ ft., From 48.8 ft. to 4 ft., From _____ 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 type="checkbox"/> None known |
| <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? _____ |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? _____ |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
82.5	48.8	Chlorinated Sand and Gravel			
48.8	4.0	Bentonite Chips			
4.0	0.0	Compacted Soil			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3/1/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185. This Water Well Record was completed on (mo/day/year) 3/9/11 under the business name of Clarke Well & Equipment, 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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

 Check one: ☒ White Copy ☐ Blue Copy ☐ Pink Copy