WATER WELL PLUGGING RE	ECORD Form WWC	-5P KSA 82a-1			
1 LOCATION OF WATER WELL: County: OTTAWA	Fraction SW 1/4 NW/4 NE	Section Number	Township Number	Range Number E/W	
Distance and direction from nearest town or city street address of well if located within city?					
10' SOUTH OF PRODUCTION WELL "11					
2 WATER WELL OWNER: OTTAWACO. RWD = 2 Global Positioning Systems (decimal degrees, min. of 4 digits Latitude:					
RR#, St. Address, Box #: P.D. Box 3551		Longitude:Elevation:			
City, State ZIP Code: SALINA, KS 67401		Datum: Data Collection Method:			
3 MARK WELL'S LOCATION	4 DEPTH OF WELL	163 ft.			
WITH AN "X" IN SECTION BOX:		WELL'S STATIC WATER LEVEL 47.6 ft			
N	WELL WAS USED A	ED AS:			
NW NE					
	1 Domestic 2 Irrigation	5 Public Water Supply 9 Dewatering 6 Oil Field Water Supply 10 Monitoring			
W E	3 Feedlot	7 Domestic (Lawn & Garden) 11 Injection Well			
SW SE	4 Industrial				
Was a chemical/bacteriological sample submitted to Department? Yes_XNo					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
Blank casing diameter in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface in.					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From 4 ft. ft. From ft. ft. <t< th=""></t<>					
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					
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 MA	TERIALS	
	ITE HOLE PLUG				
48 103 GEAVEL					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1/-/5-20/3 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 3/5 This Water Well Record was completed on (mo/day/year) 1/-20/3 under the business name of 1/5-1/20/20 Pumb Stavick by (signature) by (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/geo/waterwells.					