Form WWC-5P

KSA 82a-1212

SALINE				
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
county: Diekinson	NE1/4 NE/4 NE/4	13	13	1 w
Distance and direction from nearest town or city street address of well if located within city?  525 N. Popler, Solomon K5				
2 WATER WELL OWNER: Unocal Corporation  RR#, St. Address, Box #: P.O. Box 1283 Board of Agriculture, Division of Water Resources City, State, ZIP Code: Nederland, Tx 77627 Application Number:				
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL24.57ft.				
N WELL'S STATIC WATER LEVEL 9.0 ft.				
X WELL WAS USED AS:				
	1 Domestic	5 Public Water Sup	ply 9 Dewatering Supply 10 Monitoring	
l u	3 Feedlot 4 Industrial	6 Oil Field Water 9 7 Lawn and Garden 0 8 Air Conditioning		Well
S E Was a chemical/bacteriological sample submitted to Department? YesNo  If yes, mo/day/yr sample was submitted				
Water Well Disinfected: Yes No. X				
5 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)				
ZPVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
Blank casing diameter $2$ in. Was casing pulled? Yes. X No If yes, how much $20$ in.				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 OtherSVI.FSIITS/CKAYS				
Grout Plug Intervals: From20.ft. to3ft., From3ft. to 45ft., From toft.				
What is the nearest source of possible contamination:				
4 Lateral lines 9 Feedyard 14 A		11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well	age vell	cify below) T.:.SI.H
Direction from well? How many feet?				
FROM TO	PLUGGING MATERIALS			
20 3 cew	ent grout			
	ce silts/clay	5		
				ļ
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)2/10/03 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No5%5 This Water Well Record was completed on (mo/day/year)2/13/03 under the business name of .AGI				

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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.