Form WWC-5P

KSA 82a-1212

SALINE						
			Fraction	Section Number	Township Number	Range Number
			NE1/4NE1/4NE1/4	13	13	IW
Distance and direction from nearest town or city street address of well if located within city? 525 N. Popley 1 Solowon KS						
2 WATER WELL OWNER: UNOCCUI CONDONCATION RR#, St. Address, Box #: P.O. Box 1283 Board of Agriculture, Division of Water Resources						
3 MARK WE	LL'S LOCATION E	ON WITH	WELL'S STATIC WATE WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial Was a chemical/bact If yes, mo/day/yr s	5 Public Water Sup 6 Oil Field Water 7 7 Lawn and Garden 6 8 Air Conditioning	oft. Ift. ply 9 Dewatering Supply 10 Monitoring Only 11 Injection 12 Other	g Well Well
	S			,		
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 diameter2in. Was casing pulled? YesX. No If yes, how much20 Casing height above or below land surfacein. GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 OtherSUX.fSI.T.SC						
Direction from well? How many feet?						
FROM	то	PLU	JGGING MATERIALS			
3		cem	ent grout Ce SIIts/cla	¥\$		
ا on (mo.	day/vear)	2/10/	SERTIFICATION: This wate $Q \supset \ldots$ and this reconse No	rd is true to the be	st of my knowledge and	d belief. Kansas
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.						