Form WWC-5P

KSA 82a-1212

1 LOCATIO	ON OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: 1	SALINE DICKINSON	NE1/4 NE1/4 NE1/4	13	13	1 W
Distance and direction from nearest town or city street address of well if located within city? 525 N. POPIER, SOLOMON, KS					
2 WATER WELL OWNER: UNOCAL COrporation					
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 77027 Application Number:					
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft.					
WELL'S STATIC WATER LEVEL1.7240ft.					
WELL WAS USED AS:					
N	 WN	1 Domestic	5 Public Water Supp		
		2 Irrigation 3 Feedlot	7 Lawn and Garden (Only 11 Injection	n Well
"		E 4 Industrial	8 Air Conditioning	12 Other	
S W 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					
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? Yes. \times No If yes, how much. 20 Casing height above or below land surfacein.					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: From. 20ft. to GSft., Fromft. toft., From toft.					
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 storageCDN.1					
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well					
Direction from well? How many feet?					
FROM	<u> </u>				
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20	05 Bento	onite Unips			
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CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)					
Dy (Signature)					

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.