			WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. 00145255			NO. 00145255	
1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: Saline			NW14 NW 14 SW 14	36	13	3 F(W	
Distance and direction from nearest town or city street address of well if located within city?							
120 W. Di	amond Drive,	, Salina					
2 WATER WELL OWNER: Triplett Inc.							
RR #, St. Address, Box #: PO Box 647 Board of Agriculture, Division of Water Resources City, State, ZIP Code : Salina, KS 67402 Application Number:							
		ATION WITH	28 ft.				
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL							
	Ì		WELL WAS USED AS:				
	w	NE	1 Domestic	5 Public Water Supply	9 Dewate		
			2 Irrigation 3 Feedlot	6 Oil Field Water Suppl7 Domestic (Lawn & Gr			
w X		E	4 Industrial	8 Air Conditioning			
Was a chemical / bacteriological sample submitted to Department? Yes							
	if yes, mo/day/yr sample was submitted						
	Water Well Disinfected: Yes No						
5 TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)							
PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameter2 in. Was casing pulled? Yes							
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite OtherConcrete							
Grout Plug Intervals: From							
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)							
2 8	ewer lines	0	7 Pit privy	12 Fertilizer storage			
Watertight sewer lines Lateral lines			8 Sewage lagoon 9 Feedyard	13 Insecticide storage14 Abandoned water w	vell		
5 Cess pool 10 Livestock pens 15 Oil well/Gas well							
Direction from well? How many feet?							
FROM	то	PL	UGGING MATERIALS				
0	1	Concrete		*Drilled out to 2	20'		
1	20	Bentonite (8")					
20	28	Bentonite (2")		MW9			
				GeoCore #338	/ KDHE #U5 085 01015		
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CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
Water Well Contractor's License No. 527. This Water Well Record was completed on (mo/day/year) 10/28/2006. Junder the business name of Geocore.inc.							
by (signature)							
INSTRUCT	ONS: Use ty	pewriter or ball	point pen. Please press firr	nly and print clearly. Pleas	se fill in blanks, underlir	ne 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.							