| | WATER WELL PLUGGING R | ECORD Form WWC-5P | KSA 82a-1212 ID N | 0.1 2 |
|---|--|---|---------------------------------------|--------------------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: Saline | SW4 NW4 NW4 | 30 | 14 | 2 🔊 |
| Distance and direction from nearest town | | ated within city? | | |
| 2013 S. Ohio | Salina KS | 67401 | · · · · · · · · · · · · · · · · · · · | |
| 2 WATER WELL OWNER: South | ngate Coin Lau | ndry | | |
| RR #, St. Address, Box #: 2013 City, State, ZIP Code : Sch | s. on 10 a KS 67401 | Board of Agriculture Application Number | e, Division of Water Resour | ces |
| 3 MARK WELL'S LOCATION WITH | 4 DEPTH OF WELL | 25 | | |
| AN "X" IN SECTION BOX: | WELL'S STATIC WATE | R LEVEL 18.2. ft. | | |
| | WELL WAS USED AS: | | | |
| NW NE | 1 Domestic 2 Irrigation | 5 Public Water Supply | | |
| W | 3 Feedlot | 6 Oil Field Water Supp 7 Domestic (Lawn & G | arden) 11 Injection | Well |
| V | - mademan | 8 Air Conditioning | | |
| SW SE | Was a chemical / bacteriolo | gical sample submitted to Do | epartment? Yes | No |
| | Water Well Disinfected: You | | | |
| S | Water Wen Distributed. | | | |
| 5 TYPE OF BLANK CASING USED: | | | • | |
| | Wrought 7 Fibergl Asbestos-Cement 8 Concre | | pelow) | |
| Blank casing diameterin Casing height above or colow) and | . Was_casing pulled? | Yes .X No . | lf yes, how m | uch 3 ' |
| CROUT BLUG MATERIAL | Neat cement 2 Cement gro | | Other | |
| 0 | 27 ft. to 3 ft. | | o ft., From | |
| What is the nearest source of poss | ible contamination: | | | · |
| Septic tank Sewer lines | 6 Seepage pit7 Pit privy | Fuel storage 12 Fertilizer storage | 16 Other (sp | ecify below) |
| 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | | |
| 4 Lateral lines 5 Cess pool | 9 Feedyard10 Livestock pens | 14 Abandoned water15 Oil well/Gas well | well | |
| Direction from well? | | / feet? | ••••• | |
| FROM TO | PLUGGING MATERIALS | <u> </u> | | |
| | PLUGGING MATERIALS | | | |
| | rite chips | | | • |
| 3' D' Native | - material | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| CONTRACTOR'S OF LANDOW (mo/day/year) | | and this record is tru | ue to the best of my know | ledge and belief. Kansas |
| Water Well Contractor's License No. | the business name of Gree | n Field Contra | ater Well Record was cor こもいら | npleted on (mo/day/year) |
| by (signature) | sam- | | | |

INSTRUCTIONS: Use typewriter or ball point 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.