IDNO PZ-5 Form WWC-5P WATER WELL PLUGGING RECORD KSA 82a-1212 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number SW4 NW4 NW4 B/W Distance and direction from nearest town or city street address of well if located within city? ina KS WATER WELL OWNER: Southquite Coin Laundry RR #, St. Address, Box #: 2013 S. Ohio Board of Agriculture, Division of Water Resources City State, ZIP Code : Salina Application Number: KS 67401 3 DEPTH OF WELL ..... MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 17.3. ft. WELL WAS USED AS: NF 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10)Monitoring Well 11 Injection Well 3 Feedlot 7 Domestic (Lawn & Garden) Ε 4 Industrial 8 Air Conditioning 12 Other ..... SW SE If yes, mo/day/yr sample was submitted ..... Water Well Disinfected: Yes .......... No ..X.... S TYPE OF BLANK CASING USED: 3 RMP (SR) 1 Steel 5 Wrought 7 Fiberglass 9 Other (Specify below) (2 PVC) 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter ..... in. Was casing pulled? If ves. how much .... **GROUT PLUG MATERIAL:** 1 Neat cement 2 Cement grout 3 Bentonite 6 From ... 27 ... ft. to ........................ ft., Grout Plug Intervals: From ......ft. to ...... ft., From ..... What is the nearest source of possible contamination: 1 Septic tank 11)Fuel storage 6 Seepage pit 16 Other (specify below) 2 Sewer lines 12 Fertilizer storage 7 Pit privy ....... 8 Sewage lagoon 3 Watertight sewer lines 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess pool 15 Oil well/Gas well 10 Livestock pens Direction from well? ...... How many feet? ...... FROM TΩ PLUGGING MATERIALS Bentonite chips Native materia CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on Water Well Contractor's License No.

This Water Well Record was completed on (mo/day/year) by (signature)

The Contractor's License No.

This Water Well Record was completed on (mo/day/year) by (signature) 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.