				V	VATER WELL PLUGGING RI	ECORD F	orm WWC-5P	KSA 82a-1	212 ID N	0		
1	LOCAT	ION OF WATI	ER WELL:		Fraction	Section	Number	Township	Number	Range	Number	
	ınty:	Salisa			luly Swy Ne 14	(î	14	Į	2		
		direction from	nearest town		street address of well if local	ated within cit	y?					
		1700		R	lorth St.							
2												
	RR #, St. Address, Box #: P.O. Box 5060 City, State, ZIP Code : Salina, Ks 67462 5060 Board of Agriculture, Division of Water Resources Application Number:											
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL												
	AN "X"	IN SECTION N	BOX:		WELL'S STATIC WATE	R LEVEL	21 ft.					
					WELL WAS USED AS:							
	NM		NE		1 Domestic	5 Public	Water Supply	,	9 Dewateri	ng		
	1				2 Irrigation 3 Feedlot		eld Water Supp estic (Lawn & C		10 Monitorin	ig Well		
w				E	4 Industrial		onditioning	aaru e rr)	11 Injection 12 Other	Sto.	CK	
	Was a chemical / bacteriological sample submitted to Department? Yes											
SW SE If yes, mo/day/yr sample was submitted to Department? Tes												
Į		S			Water Well Disinfected: Yes No							
5	5 TYPE OF BLANK CASING USED:											
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter												
6	Grout F	Plug Intervals:	From	3	ft. to ft.			o ft.			ft.	
· .					6 Seepage pit	11 Fue	l storage	1	6 Other (spe	cify below)		
2 Sewer lines3 Watertight sewer lines			ar lines		7 Pit privy 8 Sewage lagoon		tilizer storage ecticide storage					
4 Lateral lines), III.00		9 Feedyard	14 Aba	14 Abandoned water well					
5 Cess pool 10 Livestock pens 15 Oil well/Gas well Direction from well? How many feet? /00												
	Directi	on from well?			How many	Teet?						
FROM TO		PLUGGING MATERIALS										
0 3 Top		Top.	Sóil									
3 27 P		Ben	ton	ite-Holeplug								
					, ,							
7	CONT	BACTOR'S	OF LANDOM	/NFP	'S CERTIFICATION: This	water well	was nlugged	Lunder my ii	risdiction a	nd was con	npleted on	
	(mo/da	y/year)	8-11-	O	120	and thi	is record is tru	e to the best	of my knowle	dge and bel	ef. Kansas	
	Water V	Vell Contractor	″s License No. unde≀	Maria de la compansión	S CERTIFICATION: This	HERSON	J IRRIG	Ater Well Reco	ord was comp	eted on (mo	o/day/year)	
	by (sig	nature)	The	Ho.	tou		/					

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, 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.