Form WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fra	ction	Section Number	Township Number	Range Number
County: Soline	RE	1/4SW1/4SF1/4	15	149	311
Distance and direction from nearest town or city street address of well if located within city? 2 WATER WELL OWNER: Triplett Inc. RR#, St. Address, Box #: P.O. Proviced Board of Agriculture, Division of Water Resources					
City, State, ZIP Code: Saina KS 67401 Application Number:					
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL. 25ft.					
N W	E	WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	7 Lawn and Garden 0 8 Air Conditioning	Supply 10 Donitor Only 11 Injecti 12 Other	ing Well on Well
Was a chemical/bacteriological sample submitted to Department? YesNo Was a chemical/bacteriological sample submitted to Department? YesNo Water Well Disinfected: YesNo					
5 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					
GROUT PLUG MATERIAL: 1 Neat cement 2 tement grout 3 Bentonite 4 Other					
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 storage					
Direction from well?					
FROM TO O I Cer I 35 Be	nent Nent	G MATERIALS Grout		i i	
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)					
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.					