COR	REC7	ED	WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID	NO. 118154	
1 LOCAT	LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County:	Saline		UW4 SW4 SW4	24	14	3 EW	
		earest town or o	ity street address of well if loc			EWY	
125' N of NE corner of 9th/Kirwin/Saling							
WATER WELL OWNER: Payne Oil Cor RR #, St. Address, Box #: Po Box 67/ Board of Agriculture, Division of Water Resources							
City, State, ZIP Code: Salina KS 6402 Application Number: 3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
1	WELL'S LOCAT		WELL'S STATIC WATER LEVEL ft.				
N			$\mathcal{D}_{\Gamma}\mathcal{A}$				
			WELL WAS USED AS:	7			
NV	v 	NE —	1 Domestic 2 Irrigation	5 Public Water Supply6 Oil Field Water Suppl	9 Dewate ly 10 Monitor		
w			3 Feedlot	7 Domestic (Lawn & Ga	arden) 11 Injectio	n Well	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		E	4 Industrial	8 Air Conditioning	12 Other.		
SW SE Was a chemical / bacteriological sample submitted to Department? Yes							
					•••••		
L	S		Water Well Disinfected: Ye	es 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 diameter							
CROUT BUILD MATERIAL. 1 Most compart and C							
Grout Plug Intervals: From							
What is the nearest source of possible contamination:							
1 Septic tank			6 Seepage pit	11 Fuel storage	16 Other (sp	Other (specify below)	
2 Sewer lines3 Watertight sewer lines			7 Pit privy 8 Sewage lagoon	12 Fertilizer storage		DASIA	
4 Lateral lines 5 Cess pool		9 Feedyard 10 Livestock pens	14 Abandoned water w15 Oil well/Gas well	vell	,		
	ion from well?	SE	•	10 -			
Direct	ion from well?	<i>V</i>	How many	/ reet/	•••••	RECEIVED	
FROM	то	PLI	JGGING MATERIALS		. 0.1	DEC 0 3 2004	
0	20	Benton	ite (8")	drilled out	1020	5 C G G 2004	
20	32.9	Bentoni	^ ()			BUREAU OF WATER	
			V 1100-		12		
		Geo Core #329					
					2 11 301 1		
			1477		•		
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
(mo/day/year)							
by (sig	nature)	Dole 1	Consideration of the constant				
			point pen. Please press fir	mly and print clearly. Pleas	se fill in blanks, underl	ne or circle the correct	
			as Department of Health a				

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.