		WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	0	
1 LOCA	ATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County: Saline		SW 14 NE 14 NW 14	13	14	3 E/W)	
Distance and direction from nearest town or city street address of well if located within city?						
307 E. Walnut, Salina						
WATER WELL OWNER: Delmer Sherbert						
RR #, St. Address, Box #: City. State, ZIP Code: Salina, KS 67401 Board of Agriculture, Division of Water Resources Application Number:						
	/ ipplication realistics					
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL						
WELL'S STATIC WATER LEVEL Unk ft.						
		' WELL WAS USED AS:				
	W NE NE	1 Domestic	5 Public Water Supply	9 Dewateri	na	
		2 Irrigation	6 Oil Field Water Suppl	y 10 Monitorir	ng Well	
w		3 Feedlot E 4 Industrial	7 Domestic (Lawn & Ga 8 Air Conditioning	arden) 11 Injection	ven Air sparge	
			· ·			
s	SW SE Was a chemical / bacteriological sample submitted to Department? Yes					
		Water Well Disinfected: Ye				
	S	valer well distributed. Te	38 NOA			
5 TYPE OF BLANK CASING USED:						
(2) PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing diameter in. Was casing pulled? Yes No If yes, how much						
Casing height above or below land surfacen/.a in.						
GROUT PLUG MATERIAL: 1 Neat cement @Cement grout @Bentonite 4 Other						
What is the nearest source of possible contamination:						
1 Septic tank 6 Seepage pit 16 Other (specify below)						
,2 \$	Sewer lines	7 Pit privy	12 Fertilizer storage			
	Vatertight sewer lines ateral lines	8 Sewage lagoon 9 Feedvard	13 Insecticide storage14 Abandoned water w	Voil		
5 Cess pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well?Onsite						
FROM	TO F	PLUGGING MATERIALS				
0	1 Cement	grout	AS 4			
1.	20 Bentoni	te (8")				
20	54 Bentoni					
	J. Bencom	CE (Z)				
						
			GeoCore #	1 967		
	<u> </u>					
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on						
(mo/day/year)1.2/.29/.2004						
by (signature)						
by (sig	gnature)	Will			••••••	
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						