			WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID I	NO	
1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: Saline			NE 14 NW 14 NE 14	26	14 S	3 €(₩)	
I		nearest town or	city street address of well if loc	ated within city?			
T	ageman, Salina						
	TER WELL OWNE	C.L. Clark I	Real Estate				
	, St. Address, Box State, ZIP Code			Board of Agriculture Application Number	, Division of Water Resoul :	rces	
	RK WELL'S LOCA			40 ft.			
1 1	"X" IN SECTION E		WELL'S STATIC WATER LEVEL 31.26 ft.				
[	N /	<del>(</del>	WELL WAS USED AS:				
	NW	- NE	1 Domestic	5 Public Water Supply	9 Dewate	ring	
		INE	2 Irrigation	6 Oil Field Water Supp	ly <b>S</b> Monitori	ing Well	
w		Е	3 Feedlot 4 Industrial	7 Domestic (Lawn & G 8 Air Conditioning		1 Well 	
			Man a shamilani / hasta dala	•		No. of	
SW SE Was a chemical / bacteriological sample submitted to Department? Yes						NO¥	
Water Well Disinfected: Yes No							
S							
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							
Bla	nk casing diamete	r2 in.	Was casing pulled?	Yes No	If yes, how m	uch3'	
ļ.—			rface36		N		
•	OUT PLUG MATE ut Plug Intervals:		eat cement 2 Cement gro	• • • • • • • • • • • • • • • • • • • •	Other ft From	to ft.	
What is the nearest source of possible contamination:							
1 Septic tank			6 Seepage pit	11 Fuel storage	` '	6 Other (specify below)	
2 Sewer lines 3 Watertight sewer lines			7 Pit privy 12 Fertilizer storage				
4 Lateral lines			9 Feedyard 14 Abandoned water well				
	Cess pool		10 Livestock pens	15 Oil well/Gas well			
Dire	ection from well?.		How many	feet?	***********		
FROM TO P			UGGING MATERIALS				
0	0 1 Native soil			MW8			
1	40	Bentonite (2")					
		*		KDHE #U5 08	5 00245		
				GeoCore #138	36		
<del></del>							
7 60	NTRACTOR'S O	F I ANDOWNE	ER'S CERTIFICATION: This	water well was nlugged	under my jurisdiction	and was completed on	
(mo.	/dav/vear)		5/29/2007	and this record is true	e to the best of my knowl	edge and belief. Kansas	
	5/30/2007	under thر	527 e <b>þys</b> iness name of .Geດcor	e.lnc	ter Well Record was com	ipleted on (mo/day/year)	
	signature) X						
			point pen. Please press fir				
			sas Department of Health a 367. Telephone: 785/296-55				

ı