	WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1 212 ID	NO
t LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: SALINE	NE IA NW IA SW IA	13	14S	3W E₩
Distance and direction from nearest town or		•		
501 S. SANTA FE, SALINA, KS 674	01			
2 WATER WELL OWNER: SALINA R	EGIONAL MEDICAL CE	ENTER		
RR #, St. Address, Box #-440 SANT. City, State, ZIP Code SALINA, I	A FE CS 67401	Board of Agriculture Application Number	e, Division of Water Resour	rces
3 MARK WELL'S LOCATION WITH	4 DEPTH OF WELL 37.	60 ft.		
AN "X" IN SECTION BOX:	WELL'S STATIC WATE	R LE EL Dry		
N NE NE	WELL WAS USED AS:  1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supply 6 Oil Field Water Supp 7 Domestic (Lawn & G 8 Air Conditioning	oly 10 Monitor arden) 11 injection	ing Well)
SW SE	Was a chemical / bacteriolo if yes, mo/day/yr sample w	ogical sample submitted to De as submitted	epartment? Yes	No .X
8	Water Well Disinfected: Yo	es No .X		
5 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wi	ought 7 Fibergl	ass 9 Other (Specify b		
Blank casing diameter 1" in.  Casing height above or below land so			If yes, how m	uch 36"
G GROUT PLUG MATERIAL: 1 N	leat cement 2 Cement gro	ut 3 Bentonite 4 C	Other	
Grout Plug Intervals: From 3	7.60 ft. to 0' ft.	, Fromft. to	ft., From	to f
What is the nearest source of possible	e contamination:			
1 Septic tank 2 Sewer lines	6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer-storage		ecify below)
3 Watertight sewer lines 4 Lateral lines	8 Sewage lagoon 9 Feedyard	13 Insecticide storage 14 Abandoned water v		
5 Cess pool	1 0 Livestock pens	15 Oil well/Gas well		
Direction from well? IMMEDIATE VIC	NITY How many	feet? IMMEDIATE VICT	NITY	
FROM TO PI	UGGING MATERIALS			
37.60 0 Bentonite Hyd	irated			
MW-15				
7 CONTRACTOR'S OF LANDOWN	IER'S CERTIFICATION: TI	nis water well was plugge	d under my jurisdiction	and was completed on
CONTRACTOR'S OF LANDOWN (mo/day/year) 10/15/07  Water Well Contractor's License No. 61 10/15/07  under the	55 ne business name of Pratt V	and this record is tru	e to the best of my know ater Well Record was con	npleted on (mo/day/year)
by (signature)	e business name of Pratt V	, err mar , m ormanemen		
INSTRUCTIONS: Use typewriter or bal	noint nen Please praes fir			
answers. Send top three copies to Kan St., Ste. 420, Topeka, Kansas 66612-1	sas Department of Health a	nd Environment, Bureau o	of Water, Geology Secti	on, 1 000 SW Jackson

