

## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

00333199

1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number  
 County: SALINE SE 1/4 SE 1/4 SE 1/4 23 T 14 S R 03 E W

Distance and direction from nearest town or city street address of well if located within city?

1700 S. 9th St - Salina, KS

2 WATER WELL OWNER: Moo Too You  
 RR#, St. Address, Box #: PO Box 4119  
 City, State ZIP Code: Wichita, KS 67204-4119

Global Positioning Systems (decimal degrees, min. of 4 digits)

Latitude: \_\_\_\_\_

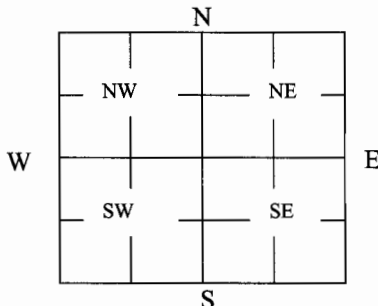
Longitude: \_\_\_\_\_

Elevation: \_\_\_\_\_

Datum: \_\_\_\_\_

Data Collection Method: \_\_\_\_\_

3 MARK WELL'S LOCATION  
 WITH AN "X" IN SECTION  
 BOX:

4 DEPTH OF WELL 31.5 ft.WELL'S STATIC WATER LEVEL Dry ft

WELL WAS USED AS:

1 Domestic

2 Irrigation

3 Feedlot

4 Industrial

5 Public Water Supply

6 Oil Field Water Supply

7 Domestic (Lawn &amp; Garden)

8 Air Conditioning

9 Dewatering

10 Monitoring

11 Injection Well

12 Other Soil VaporWas a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No X

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

Blank casing diameter 4 in. Was casing pulled? Yes X No \_\_\_\_\_ If yes, how much 2' PLCasing height above or below land surface 6 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_

Grout Plug Intervals: From 2 ft. to 30.5 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

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

3 Watertight sewer lines

8 Sewage lagoon

13 Insecticide storage

4 Lateral lines

9 Feedyard

14 Abandoned water well

Direction from well? \_\_\_\_\_

5 Cess pool

10 Livestock pens

15 Oil well/Gas well

How many feet? \_\_\_\_\_

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>0.5</u>	<u>Concrete</u>			
<u>0.5</u>	<u>2</u>	<u>soil / Grout Fill</u>			
<u>2</u>	<u>30.5</u>	<u>Bentonite Chips</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3/11/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. \_\_\_\_\_. This Water Well Record was completed on (mo/day/year) 4/8/08 under the business name of Environmental Remediation & Monitoring by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print 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. Visit us at <http://www.kdheks.gov/geo/waterwells>.