WATER WELL	PLUGGING	RECORD

Form WWC-5P

KSA 82a-1212 ID NO.

MW-5

				I				
1 LOCA	TION OF WA	TER WELL:	Fraction	Section Number	Township Number	Range Number		
County: S	aline		SW ₁₄ SW ₁₄ SW ₁₄	12	148	3 E(W)		
Distance and direction from nearest town or city street address of well if located within city?								
301 West Ash Street, Salina, Kansas								
2 WATER WELL OWNER: Bill Reimold								
RR #, St. Address, Box #: P.O. Box 1302 Board of Agriculture, Division of Water Resources City, State, ZIP Code : Salina, KS 67402 Application Number:								
		CATION WITH	4 DEPTH OF WELL	88 ft.				
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL ft.								
	Î		WELL WAS USED AS:					
. N	N	NE	1 Domestic	5 Public Water Supply	9 Dewateri	na		
			2 Irrigation	6 Oil Field Water Suppl	ly (10) Monitorin	g Well		
w			3 Feedlot 4 Industrial	7 Domestic (Lawn & Ga8 Air Conditioning		weii		
			Was a chemical / bacteriolo	gical sample submitted to De	nartment? Yes	lo X		
	~	SE	If yes, mo/day/yr sample wa	s submitted				
X			Water Well Disinfected: Ye	esX				
	S							
5 TYPE	OF BLANK C	ASING USED:						
1 Ste (2)PV			/rought 7 Fibergla sbestos-Cement 8 Concre		•			
Blank casing diameter 2 Was casing pulled? Yes No If yes, how much 3 feet cut off								
Casing height above or below land surface in. below grade								
0	T PLUG MAT		Neat cement 2 Cement grow 38 to	ut 3Bentonite 40 From3ft. to	ther Topsoil/concrete	5 0		
	Plug Intervals		le contamination:	Fromtt. to	ft., From	to ft.		
į .	s the hearest Septic tank	source or possio	6 Seepage pit	11 Fuel storage	(A) Other (spec	tify below)		
2 Sewer lines 7 Pit privy 12 Fertilizer storage Former USTs					Ts			
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well								
5 0	cess pool		10 Livestock pens	15 Oil well/Gas well				
Direct	ion from well?		How many	feet?				
FROM	то	Р	LUGGING MATERIALS					
38	3	Bentonite						
3	0.5	Topsoil						
0.5	0.0	Concrete						
0.0	-	CONCIECE						
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on								
(mo/day/year)								
by (signature)								
	INSTRUCTIONS: Use typewriter or ball point 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.