

WATER WELL PLUGGING RECORD Form WWQ-SP KSA 82a-1212 ID NO. _____

1 LOCATION OF WATER WELL: Fraction **SW 1/4 SW 1/4 NW 1/4** Section Number **36** Township Number **14 S** Range Number **3 W** EW

County: **Saline**

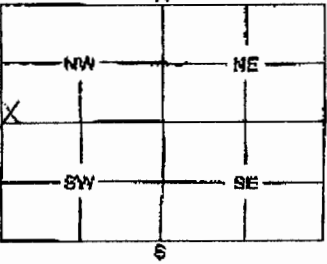
Distance and direction from nearest town or city street address of well if located within city?
2629 S. Market Place Salina, KS

2 WATER WELL OWNER: **Kwik Shop**

RR #, St. Address, Box #: _____
City, State, ZIP Code: _____

Board of Agriculture, Division of Water Resources
Application Number: _____

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



4 DEPTH OF WELL: **30** ft.
WELL'S STATIC WATER LEVEL: **24.34** ft.

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other

Was a chemical / bacteriological sample submitted to Department? Yes _____ No **X**
If yes, mo/day/yr sample was submitted _____

Water Well Disinfected: 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 **2** in. Was casing pulled? Yes **X** No _____ If yes, how much **5 ft**
Casing height above or below land surface **5** feet

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other _____

Grout Plug Intervals: From **30** ft. to **3** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Sepsis tank	6 Seepage pit	11 Fuel storage
2 Sewer lines	7 Pit privy	12 Fertilizer storage
3 Water-tight sewer lines	8 Sewage lagoon	13 Insecticide storage
4 Lateral lines	9 Feedyard	14 Abandoned water well
5 Cess pool	10 Livestock pens	15 Oil well/Gas well

Direction from well? **NA** How many feet? **0 - wind tank basin**

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **10-13-08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **128** This Water Well Record was completed on (mo/day/year) **10-13-08** under the business name of **Kwik Shop** by (signature) **[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: 785/296-6522. Send one to Water Well Owner and retain one for your records.