

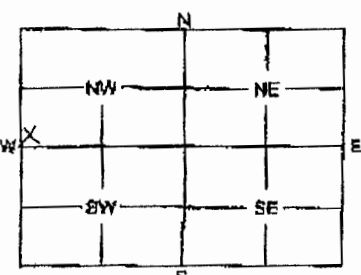
MW-2

WATER WELL PLUGGING RECORD

Form WWC-SP

KSA 82a-1212

ID NO.

1	LOCATION OF WATER WELL: County: <u>Saline</u> Fraction: <u>SW 1/4 SW 1/4 NW 1/4</u> Section Number: <u>36</u> Township Number: <u>T14S</u> Range Number: <u>R3W EW</u>	Distance and direction from nearest town or city street address of well if located within city? <u>2629 S. Market Place Salina, KS</u>																											
2	WATER WELL OWNER: <u>Kwik Shop</u> 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 <u>30</u> ft. WELL'S STATIC WATER LEVEL <u>24.2</u> 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 <u>X</u> If yes, no./day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No <u>X</u>																												
5	TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 <u>PVC</u> 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No _____ If yes, how much <u>5 ft</u> Casing height above or below land surface <u>5 feet</u>																												
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____ Grout Plug Intervals: From <u>30</u> ft. to <u>3</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 8 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage <u>Removed Cists</u> 3 Watertight sewer lines 9 Sewage lagoon 13 Insecticide storage 4 Lateral lines 10 Feedyard 14 Abandoned water well 5 Cess pool 15 Oil well/Gas well Direction from well? <u>NE</u> How many feet? <u>45 ft</u>																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>30'</td> <td>3'</td> <td>Bentonite</td> </tr> <tr> <td>3'</td> <td>0'</td> <td>Soil</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			FROM	TO	PLUGGING MATERIALS	30'	3'	Bentonite	3'	0'	Soil																		
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10-13-08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>3-08</u> Under the business name of <u>J.C. ORSHINE & SONS</u> by (signature) <u>[Signature]</u> This Water Well Record was completed on (mo/day/year) _____																												
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.																													