

MW-6

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

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Saline</u>	<u>SW 1/4 SW 1/4 NW 1/4</u>	<u>36</u>	<u>14 S</u>	<u>3 W</u> E/W

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: <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>24.10</u> ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feeder 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other
		Was a chemical / bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No <u>X</u>	

5	TYPE OF BLANK CASING USED:
	1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below)
	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 ft</u>

6	GROUT PLUG MATERIAL:
	1 Neat cement 2 Cement grout 3 Bentonite 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 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (Specify below) <u>Removed Rusts</u>
	Direction from well? <u>W</u> How many feet? <u>108 ft</u>

FROM	TO	PLUGGING MATERIALS
30'	3'	Bentonite
3'	0'	Salt

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>113-SS</u> under the business name of <u>JOE DELONG, JR.</u> This Water Well Record was completed on (mo/day/year) _____ by (signature) <u>[Signature]</u>
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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 66612-1387. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.