WATER WELL PLUGGING RECORD **Form WWC-5P** **KSA 82a-1212** **ID NO.**

1 **LOCATION OF WATER WELL:** County: **Saline**	Fraction **SE ¼ SW ¼ NE ¼**	Section Number **12**	Township Number **14S**	Range Number **3W**

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

202 N. 5th St. Salina, KS

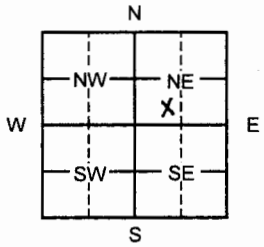
2 WATER WELL OWNER: Townsite Development

RR#, St. Address, Box #: 202 N. 5th St.

City, State, ZIP Code: Salina, KS, 67401

Global Positioning System (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method:

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



4 DEPTH OF WELL 37.8 ft.
MW5
WELL'S STATIC WATER LEVEL _____ ft.

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	(10) Monitoring
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

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 3 feet
Casing height above or below land surface in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite (4) Other Soil: 0-3 feet

Grout Plug Intervals: From 3 ft. to 37.8 ft., From ft. to ft., From ft. 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
0	**3**	**Soil**			
3	**37.8**	**Bentonite**			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **12/4/08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **757**. This Water Well Record was completed on (mo/day/year) **12/18/08** under the business name of **Larsen and Associates, Inc.** by (signature) _____.

INSTRUCTIONS: Please fill in blanks 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/waterwell.