WATER WELL PLUGGING RECORD Form WV	VC-5P KSA 82a-1212 ID NO.
1 LOCATION OF WATER WELL: Fraction County: SQ\NC 45W4 5W45W	Section Number Township Number Range Number
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here \[\Bunder \Bunde	Global Positioning Systems (GPS) information: Latitude: 38 - 856 26 (in decimal degrees)
check here Bunge Saling Elevator 1112 North Halstead Rd. Salina, KS 67401	
2 WATER WELL OWNER: BUNGE Worth American Companie (Make/Model: RR#, St. Address, Box #: 80 Box 28500 Digital Map/Photo, Topographic Map, Land Survey City, State ZIP Code: St. Louis 1 MO - 63 14 (6 Est. Accuracy: 8 < 3 m, 3-5 m, 5-15 m, > 15 m	
3 MARK WELL'S LOCATION 4 DEPTH OF WELL WITH AN "X" IN SECTION	
BOX: WELL'S STATIC W.	ATER LEVEL 21.46 ft
WELL WAS USED A	S:
W NE Domestic Irrigation Feedlot Industrial	Public Water Supply Oil Field Water Supply Domestic (Lawn & Garden) Air Conditioning Dewatering Monitoring Injection Well Other
Was a chemical/bacter	iological sample submitted to Department? Yes No 🛛
5 TYPE OF BLANK CASING USED:	
Steel RMP (SR) Wrought Fiberglass Other (Specify below) ABS Concrete Tile	
Blank casing diameter in. Was casing pulled? Yes \overline{\overline{No}} No If yes, how much in. Casing height above or below land surface in.	
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other O 6 Top Soil	
Grout Plug Intervals: From 0.5 ft. to 36.10ft., From N/A ft. to N/A ft., From N/A to N/A ft.	
What is the nearest source of possible contamination: Septic tank Seepage pit Fuel Storage Sewer lines Pit privy Fertilizer storage Full Storage Fuel Storage Fuel Storage	
Watertight sewer lines Lateral lines Cess pool Watertight sewer lines Sewage lagoon Feedyard Abandoned water well Oil well/Gas well How many feet?	
FROM TO PLUGGING MATERIALS	FROM TO PLUGGING MATERIALS
O O.S' Top soil	
0,5 36,10 Bestonite	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)	
INSTRUCTIONS: Use typewriter or ballpoint 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: 785/296-5524. Send one to Water Well Owner and retain one for your	
records. Visit us at http://www.kdheks.gov/waterwell/index.html.	
	Check one: White Copy Blue Copy Pink Copy