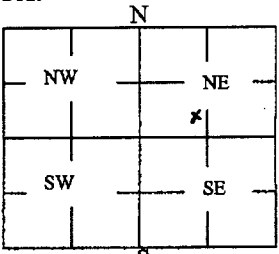


# WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: Salina		Fraction NE 1/4 SE 1/4 SW 1/4 NE 1/4	Section Number 13	Township Number T 14 S	Range Number 3 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> Village Inn Motel, 435 S. Broadway Blvd			Global Positioning Systems (GPS) information: Latitude: -97.623386 (in decimal degrees) Longitude: 38.832938 (in decimal degrees) Elevation: Datum: <input type="checkbox"/> WGS84, <input checked="" type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: Thales Mobile Mapper Pro) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m		
2 WATER WELL OWNER: Harry Bhakta, Village Inn RR#, St. Address, Box #: 435 S. Broadway Blvd City, State ZIP Code: Salina KS					

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF WELL <u>45</u> ft. WELL'S STATIC WATER LEVEL _____ ft. WELL WAS USED AS: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Oil Field Water Supply <input checked="" type="checkbox"/> Monitoring <u>MW-2A</u> <input type="checkbox"/> Feedlot <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Injection Well <input type="checkbox"/> Industrial <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Other _____ Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/>	
---	--	---	--

5 TYPE OF BLANK CASING USED:  
☐ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below)  
☒ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile  
 Blank casing diameter 2 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 3-4 feet  
 Casing height above or below land surface \_\_\_\_\_ in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☒ Cement grout ☒ Bentonite ☒ Other asphalt  
 Grout Plug Intervals: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
☐ Septic tank ☐ Seepage pit ☐ Fuel Storage ☐ Other (specify below)  
☐ Sewer lines ☐ Pit privy ☐ Fertilizer storage  
☐ Watertight sewer lines ☐ Sewage lagoon ☐ Insecticide storage  
☐ Lateral lines ☐ Feedyard ☐ Abandoned water well Direction from well? \_\_\_\_\_  
☐ Cess pool ☐ Livestock pens ☐ Oil well/Gas well How many feet? \_\_\_\_\_

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
		bentonite			
		cement			
6"	0	asphalt			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 04/06/2011 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. \_\_\_\_\_. This Water Well Record was completed on (mo/day/year) 12/26/2012 under the business name of KDHE by (signature) \_\_\_\_\_

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