						0 111 2	
W	ATER WELL PLUGGING	RECORD Form	WWC-5P	KSA 82	2a-1212 ID NO.	RWZ	
1	LOCATION OF WATER WELL:	Fraction	1	n Number	Township Number	Range Number	
	County: SAINE Street/Pural Address of Well Location			2 ositioning	T /4 (5) Systems (GPS) inform	3 ∏E¢ZW	
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 501 North Sante FE  Global Positioning Systems (GPS)  Latitude: 38° 50′ 56″  Longitude: 97° 36′ 34′  Elevation:					50' 56" N	(in decimal degrees)	
					36' 34" U	) (in decimal degrees)	
	SAliNA KS 67401 Datum:						
	SA lina k	<u>(5 6 140 1</u>		n Method:	ъ <del></del> , <u>Пило</u> ,	LI NADZI	
2	G W A G GBS with Make Model: T - Olas 15						
_							
3	MARK WELL'S LOCATION 4 DEPTH OF WELL						
	BOX: WELL'S STATIC WATER LEVEL 30 ft						
	WELL WAS USED AS:						
	NW NE	Domestic	Public	Water Supp	ly Dewa	terina	
	$\sim$ 1	Irrigation		d Water Su	- 1	-	
W	7   E	Feedlot		ic (Lawn &		ion Well	
	SW SE Industrial LAir Conditioning LOther						
		Was a chemical/ba	cteriological sa	nple submit	ted to Department? Y	es No 🔽	
S							
5 TYPE OF BLANK CASING USED:							
Steel RMP (SR) Wrought Fiberglass Other (Specify below)  PVC ABS Concrete Tile  Blank casing diameter 4 in. Was casing pulled? Yes No If yes, how much 5							
	Casing height above or below land surface o' in.						
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Class H/							
Grout Plug Intervals: From O'ft. to 5 ft., From ft. to ft., From ft. to ft.							
	What is the nearest source of possi	ole contamination:					
	Septic tank	Seepage pit	uel storage	<b>M</b>	Other (specify below)		
			ertilizer storage	_	NA_		
			secticide storag		ection from well?		
	Lateral lines Feedyard Abandoned water well Direction from well?  Cess pool Cess pool Cil well/Gas well How many feet?						
		•					
		GGING MATERIALS	FROM	ТО	PLUGGING	MATERIALS	
		1/ Silica Flour	r				
	J GM	0'0+					
	5' SAN	0					
, ,	CONTRACTORS OF LANDOS	Wieds Cederal	CION- This	ntor	ma physical 1-4	v insindiction and and	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) \( \begin{align*} \lefta \dots \equiv \forall \forall \equiv \lefta \dots \dots \equiv \dots \do							
Well Contractor's License No This Water Well Record was completed on (modday/year) /9/30/14 under the							
		mp Service			Jy Ju	W7/11	
INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the							
749 149	ect answers. Send top three copies	o Kansas Department of	s many and pri Health and Env	ronment. B	ureau of Water. Geolo	gy Section. 1000 SW	
ack	son St., Ste. 420, Topeka, Kansas 6	6612-1367. Telephone:	785/296-5524.				
eco	rds. Visit us at http://www.kdheks.	gov/waterwell/index.html	L.				

