

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

1 LOCATION OF WATER WELL: County: <u>Saline</u>	Fraction <u>NE 1/4 S 1/4 SW 1/4 1/4</u>	Section Number <u>12</u>	Township Number <u>T 14 S</u>	Range Number <u>3</u> ☐ E ☒ W
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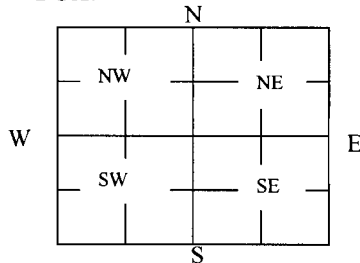
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ 245 N. Santa Fe. Ave.
Salina, KS 67401

Global Positioning Systems (GPS) information:

Latitude: 38.844469 (in decimal degrees)
 Longitude: -97.609672 (in decimal degrees)
 Elevation: _____
 Horizontal Datum: ☒ WGS84, ☐ NAD83, ☐ NAD27
 Collection Method: _____

2 WATER WELL OWNER: KDHE
 RR#, St. Address, Box #: 1000 SW Jackson St. Suite 410
 City, State ZIP Code: Topeka, KS 66612

☒ GPS unit (Make/Model: TomTom 4ET03)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
 Est. Accuracy: ☒ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

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

4 DEPTH OF WELL 40.56 **ft.**

 WELL'S STATIC WATER LEVEL 33.71 ft

WELL WAS USED AS:

- | | | |
|-------------------------------------|---|--|
| ☐ Domestic | ☐ Public Water Supply | ☐ Dewatering |
| ☐ Irrigation | ☐ Oil Field Water Supply | ☒ Monitoring |
| ☐ Feedlot | ☐ Domestic (Lawn & Garden) | ☐ Injection Well |
| ☐ Industrial | ☐ Air Conditioning | ☐ Other _____ |

 Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒
5 TYPE OF BLANK CASING USED:

- ☒ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below) _____
☒ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile _____

Blank casing diameter 1 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 1'
 Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____

 Grout Plug Intervals: From 40.56 ft. to 1 ft., From _____ ft. to _____ ft., From _____ ft. 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 | ☒ Contaminated site |
| ☐ 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
0	1	Soil			
1	40.56	Bentonite			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 05/25/2016 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) 05/31/2016 under the business name of Kansas Dept. of Health and Environment by (signature) Jesse Branham

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.

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Revised 1/20/2015