WATER WELL PLUGGING RE	ECORD Form WWC	5-5P KSA 82a-1212	ID NO.	
1 LOCATION OF WATER WELL: County: SALINE	Fraction SW4 NW	Section Number	Township Number	Range Number E/W
Distance and direction from nearest town or city street address of well if located within city?				
525 N. 810 MW-CAS3				
2 WATER WELL OWNER: CONTINENTAL ANALYTICAL SERVICE BP# St Address Por #: Global Positioning Systems (decimal degrees, min. of 4 digits Latitude: Longitude:				
CONTINENTAL ANALY	Latitude:			
RR#, St. Address, Box #:		Longitude:		
City, State ZIP Code:		Elevation:		
SALINA, KS 62401		Data Collection Method:		
3 MARK WELL'S LOCATION	4 DEPTH OF WELL_	40 ft.		
WITH AN "X" IN SECTION	DATES A 1G OFF A MAG DATA	ATTER LEVIEL 20 4		
BOX:	WELL'S STATIC WATER LEVELft			
	WELL WAS USED A	SED AS:		
NW NE				
	1 Domestic	5 Public Water Supply6 Oil Field Water Suppl		
W E	3 Feedlot			
SW SE	4 Industrial	8 Air Conditioning 12 Other		
	Was a shamical/hastorial acidal comple submitted to Department? Vac. No.			
Was a chemical/bacteriological sample submitted to Department? YesNo				
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				
2 PVC 4 ABS 6 As	sbestos-Cement 8 Con	crete Tile	<u> </u>	
Blank casing diameter in. Was casing pulled? Yes No If yes, how much ALL				
Casing height above or below land su	urface in.			
4 Lateral lines 9 Feedy 5 Cess pool 10 Livest FROM TO PLUGG	contamination: ge pit 11 Fuel Stora vy 12 Fertilizer s ge lagoon 13 Insecticide ard 14 Abandone tock pens 15 Oil well/G	ge 16 Other (spec torage storage I water well Direction fr		
				
	We and the control of			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 22-16-16 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 388 This Water Well Record was completed on (mo/day/year) 22-19-6 under the business name of by (signature) 20-19-6 under the by (signature) 20-19-6 under 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 we at http://www.lsdbalks.gov/geo/waterwells.				
records. Visit us at http://www.kdheks.gov/geo/waterwells.				

