WATER WELL PLUGGING RI	ECORD Form WWC	-5P KSA 82a-121	12 ID NO		
1 LOCATION OF WATER WELL: County: SALIWF	Fraction NW 14 NE 1/4 SK	Section Number	Township Number	Range Number E/W	
Distance and direction from nearest town or city street address of well if located within city?					
2840 S. 9TO					
2 WATER WELL OWNER: FIRST BANK KANNA Global Positioning Systems (decimal degrees, min. of 4 digits					
RR#, St. Address, Box #: 235 S. SANTA FE Latitude: Longitude:					
	Elevation:				
City, State ZIP Code: SALINA, KS 67401		Datum:			
2 MARK WELLIG LOCATION	Data Collection Method:				
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION	4 DEPTH OF WELL _				
BOX:	BOX: WELL'S STATIC WATER LEVEL /9 ft				
N WELL WAS LIGHT AS					
	WELL WAS USED AS:				
1 Domestic 5 Public Water Supply 9 Dewatering					
W E	2 Irrigation	6 Oil Field Water Supply 10 Monitoring			
	3 Feedlot 4 Industrial	Domestic (Lawn & C 8 Air Conditioning	Garden) 11 Inject 12 Other		
Was a chemical/bacteriological sample submitted to Department? YesNo					
S 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					
Blank casing diameter in. Was casing pulled? Yes No If yes, how much					
Casing height above or helow land surfaceia.					
GROUT PLUG MATERIAL:  1 Neat cement 2 Cement grout Bentonite 4 Other  Grout Plug Intervals: From  ft. to  ft., From  ft. to  ft., What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well?					
4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? NOATITE  5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? 40					
		FROM TO	PLUGGING MA	TERIALS	
0 1 Concert	DITE HOLEPLUG				
1 31 52010	TOTTE FIULLIAGE				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 07-28-16 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) 07-28-16 under the business name of particles Pump Skavick 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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/geo/waterwells.					