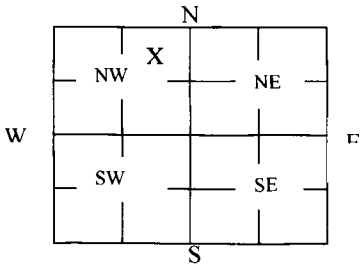


**WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. MW-5**

<b>1 LOCATION OF WATER WELL:</b> County: Saline	Fraction SW ¼ NE ¼ NE ¼ NW ¼	Section Number 13	Township Number T 14 S	Range Number 3 <input type="checkbox"/> E <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 418 East Iron Ave Salina, KS 67401	<b>Global Positioning Systems (GPS) information:</b> Latitude: <u>38.84041</u> (in decimal degrees) Longitude: <u>-97.60494</u> (in decimal degrees) Elevation: <u>1221</u> Horizontal Datum: <input checked="" type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method:
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<b>2 WATER WELL OWNER:</b> Kirit Patel RR#, St. Address, Box #: 418 East Iron Avenue City, State ZIP Code: Salina, KS 67401	<input checked="" type="checkbox"/> GPS unit (Make/Model: _____) <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
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<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF WELL</b> <u>33.96</u> ft. WELL'S STATIC WATER LEVEL <u>23.09</u> ft WELL WAS USED AS: <table style="width:100%;"> <tr> <td><input type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn &amp; Garden)</td> <td><input type="checkbox"/> Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<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	<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 _____
<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering											
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<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 _____											

**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 ft  
 Casing height above or below land surface 0 in.

**6 GROUT PLUG MATERIAL:**  Neat cement     Cement grout     Bentonite     Other \_\_\_\_\_

Grout Plug Intervals: From 33.11 ft. to 1.5 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel storage	<input type="checkbox"/> Other (specify below) _____
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? _____
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	0.5	Compacted soil/grass seed			
0.5	3	Clean compacted soil			
3	33.96	Bentonite Chips			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/7/2022 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. PG # 762. This Water Well Record was completed on (mo/day/year) 4/8/2022 under the business name of ppB enviro-solutions by (signature) \_\_\_\_\_

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.