W	ATER WE	CLL PLI	IGGING R	RECORD	Form WV	VC-5P	KSA 82	a-1212 ID NO.	Well #2 S. Prod. Well	
	LOCATION	OF WATE		Fraction		Section	Number	Township Number		
		Address of V	Well Location; wn or intersect	if unknown, di		Global Po Latitude: Longitude Elevation: Datum:	ongitude: -97.618310 (in decimal degrees) levation: 1238.00 Patum: WGS84, NAD83, NAD27			
2	WATER WELL OWNER: USD 305 RR#, St. Address, Box #: 1835 S. Broadway Blvd. City, State ZIP Code: Salina, KS 67401						Collection Method: ☐ GPS unit (Make/Model: ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey ☐ Est. Accuracy: ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m			
3 W	Industrial X Air Conditioning Other								uitoring ction Well	
	Was a chemical/bacteriological sample submitted to Department? Yes No									
5	TYPE OF BLANK CASING USED:									
Steel RMP (SR) Wrought Concrete Tile Blank casing diameter 8 in. Was casing pulled? Yes No If yes, how much 3.00' Casing height above or below land surface 36 in.										
6 GROUT PLUG MATERIAL: Neat cement Neat cement Cement grout Bentonite Other Bentonite Cement Mix Other Bentonite Cement Mix Other Bentonite Cement Mix From 1 ft., From 1 ft. What is the nearest source of possible contamination: Septic tank Seepage pit Fuel Storage Fretilizer storage Fretilizer storage										
	Watertight sewer lines Lateral lines Cess pool Watertight sewer lines Feedyard Cess pool Sewage lagoon Feedyard Coil well/Gas well Insecticide storage Abandoned water well Oil well/Gas well How many feet? 300.00'									
	FROM 60	TO 41		GING MAT Fill (Pea (FROM	TO	PLUGGIN	G MATERIALS	
	41	26.50		e to medic	,					
	26.50	3		Cement M	lix					
	3	0	Top Soil							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 04/19/22 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) 05/19/22 under the business name of Nelson-Fowels, LLC by (signature) Tyler Neufeld										
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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html.										
Check one: White Copy Blue Copy Pink Copy										