

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

AS-4

1 LOCATION OF WATER WELL: County: Saline	Fraction ¼ SW ¼ SW ¼ SW ¼	Section Number 1	Township Number T 14 S	Range Number 3 ☐ 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 ☐ 900 N. 9th, Salina, KS

KDHE Project # U5-085-10100

Global Positioning Systems (GPS) information:

Latitude: 38.85633 (in decimal degrees)

Longitude: -97.61217 (in decimal degrees)

Elevation:

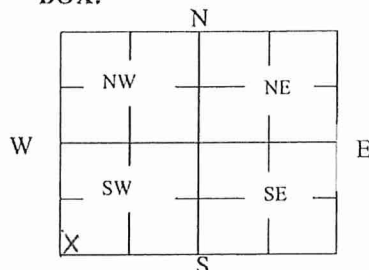
Horizontal Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27

Collection Method:

☐ GPS unit (Make/Model: _____)☐ Digital Map/Photo, ☐ Topographic Map, ☒ Land SurveyEst. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: Reimold Properties, Inc.
RR#, St. Address, Box #: PO Box 1302
City, State ZIP Code: Salina, KS 67402

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



4 DEPTH OF WELL 36 ft.

WELL'S STATIC WATER LEVEL NA ft

WELL WAS USED AS:

☐ Domestic
☐ Irrigation
☐ Feedlot
☐ Industrial

☐ Public Water Supply
☐ Oil Field Water Supply
☐ Domestic (Lawn & Garden)
☐ Air Conditioning

☐ Dewatering
☐ Monitoring
☐ Injection Well
☒ Other Air Sparge
Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☐

5 TYPE OF BLANK CASING USED:

☐ Steel
☒ PVC

☐ RMP (SR)
☐ ABS

☐ Wrought
☐ Asbestos-Cement

☐ Fiberglass
☐ Concrete Tile
☐ Other (Specify below) _____

Blank casing diameter 2 in. Was casing pulled? Yes ☒ No ☐ If yes, how much ~3ft below ground surface
Casing height above or below land surface -36 in.

6 GROUT PLUG MATERIAL:

☐

Neat cement

☐

Cement grout

☒

Bentonite

☐

Other _____

Grout Plug Intervals: From 3 ft. to 36 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

☐ Septic tank
☐ Sewer lines
☐ Watertight sewer lines
☐ Lateral lines
☐ Cess pool

☐ Seepage pit
☐ Pit privy
☐ Sewage lagoon
☐ Feedyard
☐ Livestock pens

☐ Fuel storage
☐ Fertilizer storage
☐ Insecticide storage
☐ Abandoned water well
☐ Oil well/Gas well
☐ Other (specify below) _____

Direction from well? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
3	36	Bentonite			

RECEIVED

JUN 02 2025

BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/22/25 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. NA. This Water Well Record was completed on (mo/day/year) 05/27/2025 under the business name of GreenField Contractors, Inc. by (signature) Melissa D. McElwain

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