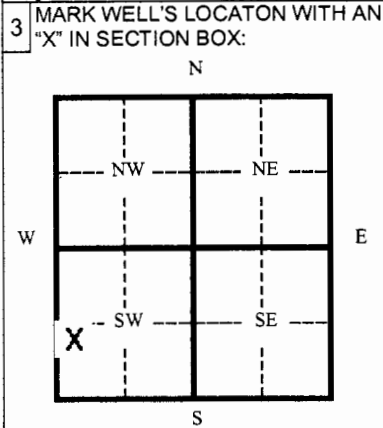


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <b>Saline</b>	<b>NW 1/4 SW 1/4 SW 1/4</b>	<b>36</b>	<b>13</b>	<b>03 W</b>

Distance and direction from nearest town or city street address of well if located within city?  
**1944 N. 9<sup>th</sup> St., Salina**

2	WATER WELL OWNER:	<b>Bosselman Companies</b>
	RR#, St. Address, Box #	<b>PO Box 1567</b>
	City, State, ZIP Code :	<b>Grand Island, NE 68802-1567</b>
		Board of Agriculture, Division of Water Resources Application Number:



4	DEPTH OF WELL	<b>40</b>	ft.
	WELL'S STATIC WATER LEVEL	<b>29.4</b>	ft.
	WELL WAS USED AS:		
	1 Domestic	5 Public Water Supply	9 Dewatering
	2 Irrigation	6 Oil Field Water Supply	<b>10 Monitoring Well</b>
	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well
	4 Industrial	8 Air Conditioning	12 Other
	Was a chemical/bacteriological sample submitted to Department?	Yes	No <b>X</b>
	If yes, mo/day/yr sample was submitted	-----	
	Water Well Disinfected:	Yes	No <b>X</b>

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
<b>2 PVC</b>	4 ABC	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter **2** in. Was casing pulled? Yes No **X** If yes, how much \_\_\_\_\_ in.

Casing height above or below land surface **36**

**Overdrilled to 3 feet below ground surface, grouted in place, well originally completed with 20 feet of grout.**

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other \_\_\_\_\_

Grout Plug Intervals From **3** ft. to **40** ft. 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	
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess Pool	10 Livestock pens	15 Oil well/ Gas well	

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	PLUGGING MATERIALS
0	3		Concrete
3	40		Bentonite, 100 lbs

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **6-22-04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **6-25-04** under the business name of **Geotechnical Services, Inc.** by (signature) \_\_\_\_\_

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.