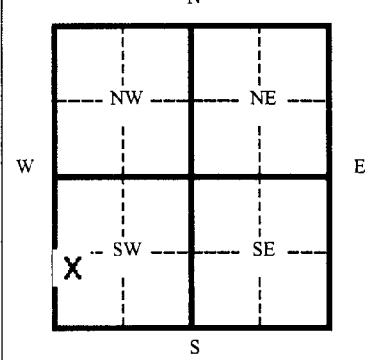


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Saline		NW 1/4 SW 1/4 SW 1/4	36	13	03 W

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

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

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



4 DEPTH OF WELL **40** ft.
 WELL'S STATIC WATER LEVEL **30.5** ft.
 WELL WAS USED AS:
 1 Domestic 5 Public Water Supply 9 Dewatering
 2 Irrigation 6 Oil Field Water Supply **10 Monitoring Well**
 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 **X**
 If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes No **X**

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)
2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile

Blank casing diameter **2** in. Was casing pulled? Yes No **X** If yes, how much
 in. **Overdrilled to 3 feet below ground surface, grouted in place, well originally completed with 20 feet of grout.**

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

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) *[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.