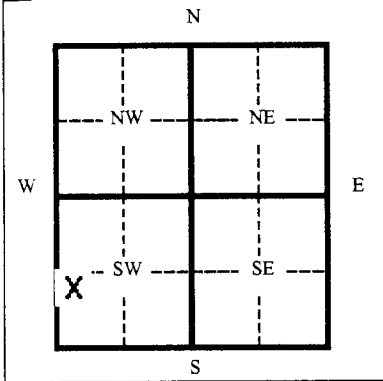


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Saline</b>	<b>NW 1/4 SW 1/4 SW 1/4</b>	<b>36</b>	<b>13</b>	<b>03 W</b>

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

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



4 DEPTH OF WELL **35** ft.

WELL'S STATIC WATER LEVEL **27.3** 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 **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)
<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 \_\_\_\_\_

Casing height above or below land surface **240** in. **Overdrill to 20 feet below ground surface**

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

Grout Plug Intervals From **3** ft. to **35** 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
<b>0</b>	<b>3</b>		<b>Concrete</b>
<b>3</b>	<b>35</b>		<b>Bentonite, 700 lbs</b>

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) *Alison M. [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.