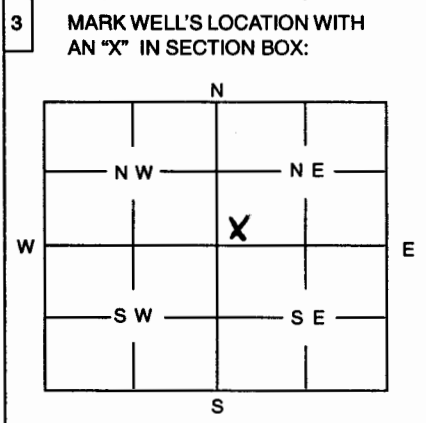


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>SALINE</u>	<u>SW 1/4 SW 1/4 NE 1/4</u>	<u>36</u>	<u>13</u>	<u>3 W</u>

Distance and direction from nearest town or city street address of well if located within city?
EAST END OF DIAMOND DRIVE

2 WATER WELL OWNER: GRAIN BELT SUPPLY
 RR #, St. Address, Box #: 217 E. DIAMOND DRIVE Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: SALINA, KS 67401 Application Number: _____



4 DEPTH OF WELL 17 ft
 WELL'S STATIC WATER LEVEL NO WATER ft
 WELL WAS USED AS:

<u>1</u> Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
3 Feedlot	7 Domestic (Lawn & Garden)	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 X No

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

Blank casing diameter 8 in. Was casing pulled? Yes X No If yes, how much 10'
 Casing height above or below land surface 12.0 in.

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

Grout Plug Intervals: From 10 ft. to 17 ft., From ft. to ft., From 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	PLUGGING MATERIALS
<u>0</u>	<u>10</u>	<u>FILL DIET AND CHAY</u>
<u>10</u>	<u>17</u>	<u>BENTONITE HOLE PLUG</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 04-29-08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 388 under the business name of PESTINGED PUMP SERVICE This Water Well Record was completed on (mo/day/year) 04-29-08 by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.