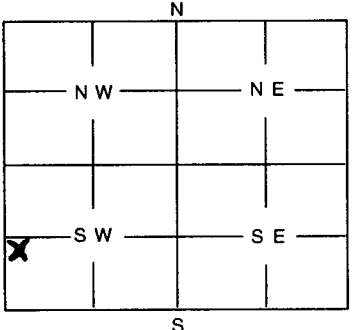


1 LOCATION OF WATER WELL: County: SALINE	Fraction NW¹/₄ SW¹/₄ SW¹/₄	Section Number 25	Township Number 14-S	Range Number 1-W
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Distance and direction from nearest town or city street address of well if located within city?
2211 S. AMOS RD.

2 WATER WELL OWNER: GLEA KOGLEE RR #, St. Address, Box #: 2211 S. AMOS RD. City, State, ZIP Code : SOLOMON, KS	Board of Agriculture, Division of Water Resources Application Number:
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>	4 DEPTH OF WELL 37 ft WELL'S STATIC WATER LEVEL 36 ft WELL WAS USED AS: <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><u>1</u> Domestic</td> <td style="width:33%;">5 Public Water Supply</td> <td style="width:33%;">9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u>..... If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes <u>X</u>... No</p>	<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
<u>1</u> Domestic	5 Public Water Supply	9 Dewatering											
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4 Industrial	8 Air Conditioning	12 Other											

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	<u>NATIVE ROCK</u>

Blank casing diameter **72** in. Was casing pulled? Yes X No If yes, how much **72"**
Casing height above or below land surface in.

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

Grout Plug Intervals: From **36** ft. to **37** 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	<u>10 Livestock pens</u>	15 Oil well/Gas well

Direction from well? NORTH How many feet? 150

FROM	TO	PLUGGING MATERIALS
0'	25'	CLAY
25'	36'	NATIVE ROCK
36'	37'	BENTONITE HOLE PLUG

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **MAY 31, 87** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **388** This Water Well Record was completed on (mo/day/year) **MAY 31, 87** under the business name of **DESTINGEE PUMP SERVICE**
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.