\mathbf{W}_{i}	ATER WELL PLUGGING RI				
1	County: Distance and direction from nearest to	Fraction NW 1/4 NW	Section Number	Township Number	Range Number
	Distance and direction from nearest to	own or city street address of	well if located within ci	ty?	
8 Miles East of Salina Ks 2 WATER WELL OWNER: Dale Knopf RR#, St. Address, Box #: 8064 E, Claud Salina Ks Global Positioning Systems (decimal degrees, min. of 4 digits Latitude: Longitude: Elevation:					
2	WATER WELL OWNER: DATE	. Knopf	Global Positioning Latitude:	Systems (decimal degree	
	RR#, St. Address, Box #: 8064	E. Claud	Longitude:		
	City, State ZIP Code: SALMA	Ks 67401			
3	MARK WELL'S LOCATION	4 DEPTH OF WELL		nou.	
	WITH AN "X" IN SECTION			100.	
	BOX:	WELL'S STATIC W.	ATER LEVEL_ NON	KIDKY ^{ft}	
	X	WELL WAS USED A	AS:	•	
	NW NE	1 Domestic			
W	, E	2 Irrigation	6 Oil Field Water S		
"	SW SE	3 Feedlot 4 Industrial	7 Domestic (Lawn of 8 Air Conditioning	& Garden) 11 Inject 12 Other	ction Well er. STOCK
	- SW SE				
	S	Was a chemical/bacte	riological sample subm	itted to Department? You	esNo
5 TVDF OF RI ANK CASING LISED.					
2 PVC 4 ABS 6 Asbestos-Cement 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
1					
Blank casing diameter in. Was casing pulled? Yes No If yes, how much					
Casing height above or below land surface3 in.					
Grout Plug Intervals: From 3 ft. to 6 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 Direction from well? West 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet?				
	FROM TO PLUGG	SING MATERIALS	FROM TO	PLUGGING MA	ATERIALS
	0 3 TOD, S	Soi /			
	3 6 BENTON	VITE - HOLE Hug			
	6 49.5 Choren	IATED FILL SAND			
				<u></u>	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was					
completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year)					
	iness name of PHERSON 3		by (signature)	to boton -	
INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the					
con	ect answers. Send top three copies to	Kansas Department of Healt	h and Environment, Bu	reau of Water, Geology	Section, 1000 SW
Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/geo/waterwells.					