	ON OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County:	Saline	NE14NE14NW4	3	145	2 W	
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: LANT GAPTER  RR#, St. Address, Box #: 4100 E STIMME   Board of Agriculture, Division of Water Resources						
RR#, St. Address, Box #: 4100 E STIMME Board of Agriculture, Division of Water Resources						
city, state, 21P code: SAINOLINS 6740 Application number:						
	AN HVH IN SECTION BOV.					
N WELL'S STATIC WATER LEVELft.						
WELL WAS USED AS:						
N N	`WN`E	1 Domestic 2 Irrigation	5 Public Water Supp 6 Oil Field Water S			
w		3 Feedlot E 4 Industrial	Control Carden Carden Carden Carden Carden Carden 8 Air Conditioning	Only 11 Injection 12 Other		
					10	
	S'W————————————————————————————————————					
	Water Well Disinfected: Yes No					
	S					
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						
Casing height above or below land surfacein.						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: From. 3ft. to.1.2ft., Fromft. toft., From toft.						
What is the nearest source of possible contamination:						
①Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage						
2 Sewer lines 7 Pit privy 12 Fertilizer storage						
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well? North How many feet? 2/0						
FROM	TO PL	UGGING MATERIALS	_ 7h	approx rears	was	
o'	3' Com	pacted cla	* 4	a sorox	imaTel	
3′	la' m	Neat ceme	र्म प्रम	$\sim p p r o r$	macre	
12'	27' Med	ium SANE	20	rears c	~JO	
				,	,	
					i	
on (mo/	/day/year) <b>7//</b>	CERTIFICATION:This water	d is true to the bes	t of my knowledge and	lbelief. Kansas	
Water Well Contractor's License No						
by (signature)						
INCIDICTIO	NS: Hee evpewriter o	n hall maine man. Dlasa	<i>fi</i>	wind along the Bi	6211 2 11 1	

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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: 913/296-3565. Send one to Water Well Owner and retain one for your records.