1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
county: Salina	ME-1/4/16/14/16/14	31	14	
Distance and direction from nearest town or city street address of well if located within city?				
In City Limits - Ohio and Magnolia 2 WATER WELL OWNER: Smoky Hill LLC				
RR#, St. Address, Box #: 645 5. Crawford. City, State, ZIP Code: Salina, KS. 6740/ Application Number:				
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL				
N E	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supp 6 Oil Field Water 5 7 Lawn and Garden (Supply TO Manitoring Only 11 Injection	Well Well
S W S E	If yes, mo/day/yr sample was submitted			
s				
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				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: Fromft. to.//2.ft., Fromft. toft., From toft.				
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				
05	Dist	\dashv		
5 10 C	merete			
10 43 5	end			
		_		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). 25				

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.