				1	1
	N OF WATER WELL		Section Number	Township Number	Range Number
County: _	Saline	SE145W14NW14	31	14	2
Distance and direction from nearest town or city street address of well if located within city? In City Limits - Magnolia and Ohio Streets 2 WATER WELL OWNER: Smoky Hill LLC RR#, St. Address, Box #: 645 E. Crawford City, State, ZIP Code: Salina, 65, 6740/ Application Number: 3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL					
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					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout) 3 Bentonite 4 Other					
Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft.					
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 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?					ecify below)
FROM	то	PLUGGING MATERIALS			
0	5	Dirt			
5	10	Concrete			
10	47 .	Sand			
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.