1 LOCATION OF WATER WELL: County: Silve	Fraction WE NE 1/4 1/4 1/4	Section Number	Township Number	Range Number
Distance and direction from nearest town or city street address of well if located within city?				
2 WATER WELL OWNER: Stevens Contractors				
RR#, St. Address, Box #: POROX 6/97 Board of Agriculture, Division of Water Resources City, State, ZIP Code: Salina KS 6740/ Application Number: 990059				
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL				
X	WELL WAS USED AS:			
N W N E	1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial	5 Public Water Sup 6 Oil Field Water 9 7 Lawn and Garden 0 8 Air Conditioning	Supply 10 Monitorin	g Well Well
S W S E	If yes, mo/day/yr sa	a chemical/bacteriological sample submitted to Department? YesNo yes, mo/day/yr sample was submitted		
s	Water Well Disinfect	ed: Yes No	* * * *	
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. 16in. Was casing pulled? Yes				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other. And A. P. J. C.				
Grout Plug Intervals: From. //ft. toft., Fromft. toft., From toft.				
What is the nearest source of possible contamination:				
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	7 Pit privy 8 Sewage lagoon 9 Feedyard	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well	age well	
Direction from well? How many feet?				
FROM TO PL	UGGING MATERIALS			
50 11 Dans	<u>l</u>			
11 4 Role	Plac			
y o dist				
7 CONTRACTOR'S OR LANDOUNER'S on (mo/day/year)	. <i>l.00</i> and this recor	d is true to the bear This Water Well	st of my knowledge and Record was completed	d belief. Kansas on (mo/day/year)
INSTRUCTIONS: Use typewriter or hall point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle				

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.