

1 LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County: <u>Saline</u>	SW $\frac{1}{4}$ NE $\frac{1}{4}$ $\frac{1}{4}$	7		T-14-S		R-2-W	

Distance and direction from nearest town or city street address of well if located within city?
250 Lakewood Dr.

2 WATER WELLOWNER: <u>City of Salina - Park Dept.</u>	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: <u>300 W. Ash</u>	Application Number:
City, State, ZIP Code : <u>Salina, KS 67401</u>	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <u>44</u> ft												
	WELL'S STATIC WATER LEVEL <u>22</u> ft.												
	WELL WAS USED AS: <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>		<input checked="" type="checkbox"/> 1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning
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Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <input checked="" type="checkbox"/> No													

5 TYPE OF BLANK CASING USED:	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input checked="" type="checkbox"/> PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter..... <u>6</u> in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much Casing height above or below land surface in.
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6 GROUT PLUG MATERIAL: <input checked="" type="checkbox"/> Neat cement 2 Cement grout 3 Bentonite 4 Other	Grout Plug Intervals: From <u>44</u> ft. to <u>22</u> ft., From <u>22</u> ft. to <u>3</u> ft., From <u>3</u> to <u>0</u> ft. What is the nearest source of possible contamination: <table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td>.....</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> Direction from well? <u>South</u> How many feet? <u>50</u>	1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	<input checked="" type="checkbox"/> 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	
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FROM	TO	PLUGGING MATERIALS
44	22	Sand
22	3	Clay
3	Top	Neat cement

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:	This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>July 5, 2000</u> 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) <u>July 5, 2000</u> Under the business name of <u>City of Salina - Park Dept.</u> by (signature) <u>[Signature]</u>
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INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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.