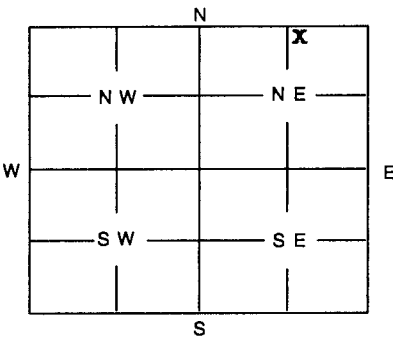


1	LOCATION OF WATER WELL: County: SALINE	Fraction NW NE ¼ NE ¼	Section Number 16	Township Number 14	Range Number 2W.
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Distance and direction from nearest town or city street address of well if located within city?
3736 COUNTRY CLUB RD.

2	WATER WELL OWNER: PAUL SMALL 3736 COUNTRY CLUB RD. RR #, St. Address, Box #: SALINA, KS. 67401 City, State, ZIP Code :	Board of Agriculture, Division of Water Resources Application Number:
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4	DEPTH OF WELL 59 ft WELL'S STATIC WATER LEVEL 22 ft WELL WAS USED AS: <table border="0"> <tr> <td><u>1 Domestic</u></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> Was a chemical / bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes X No	<u>1 Domestic</u>	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	12 Other
<u>1 Domestic</u>	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	12 Other													

5	TYPE OF BLANK CASING USED: <u>1 Steel</u> 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
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Blank casing diameter **5** in. Was casing pulled? Yes No **X** If yes, how much

Casing height above or below land surface **60** in.

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other
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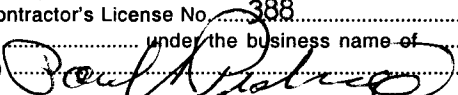
Grout Plug Intervals: From **5** ft. to **59** ft., From ft. to ft., From to ft.

What is the nearest source of possible contamination:

<u>1 Septic tank</u>	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? **EAST** How many feet? **40**

FROM	TO	PLUGGING MATERIALS
0	5	WELL PIT
5	59	BENTONITE HOLEPLUG

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7-18-00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 388 This Water Well Record was completed on (mo/day/year) 7-18-00 under the business name of PASTINGER PUMP SERVICE by (signature) 
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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.