KSA 82a-1212

ID NO. 00309646

1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Numb	er Range Number	
County: Saline			NW14 NW 14 NW 14	18	14 S	2 EW	
Distance and direction from nearest town or city street address of well if located within city?							
1101 E. Iron, Salina							
2 WATER WELL OWNER: TRIPLETT, INC.							
RR #, St. Address, Box #: P.O. Box 647 City, State, ZIP Code : Salina, KS 67402-0647 Board of Agriculture, Division of Water Resources Application Number:							
1 1		CATION WITH	4 DEPTH OF WELL	4 DEPTH OF WELL			
AN "X	" IN SECTION N	N BOX:	WELL'S STATIC WATER LEVEL				
			WELL WAS USED AS:				
N'	w	NE	1 Domestic	5 Public Water Supply			
			2 Irrigation 3 Feedlot	6 Oil Field Water Supp7 Domestic (Lawn & G	arden) 11 Inject		
W		E	4 Industrial	8 Air Conditioning	12 Othe	r	
s	SW SE Was a chemical / bacteriological sample submitted to Department? Yes						
	If yes, mo/day/yr sample was submitted						
Water Weli Disinfected: Yes No							
5 TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)							
PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameter2 in. Was casing pulled? Yes							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ● Bentonite ● OtherConcrete							
Grout Plug Intervals: From0							
What is the nearest source of possible contamination:							
	Septic tank Sewer lines		6 Seepage pit7 Pit privy	11 Fuel storage12 Fertilizer storage	Former U	specify below) ST basin	
3 Watertight sewer lines 4 Lateral lines			8 Sewage lagoon 9 Feedyard	13 Insecticide storage14 Abandoned water w			
1 .	Cess pool		10 Livestock pens	15 Oil well/Gas well			
Direction from well?							
FROM TO PLUGGING MATERIALS							
0	1	Concrete	1 11 11 11 11 11 11 11 11 11 11 11 11 1	MW1			
1 3 Bentonite (8")						·	
3 39.25 Bentonite (2")			KDHE #U5 085	5 12824			
		Jointonio (2)		GeoCore #101	7		
				2000010 #101			
,			•				
7		0	EDIO 0505151015151				
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
Water Well Contractor's License No							
by (signature)							
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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.						