1 LOCATION OF WATER WELL:			Fr	Fraction		Section Number		Township Number		Number		
County: SA/NE				Sw	1/4 SW 1/4 NE 1/4		7	,	14	2	ω	
Distance and direction from nearest town or city street address of well if located within city? in City limits												
2	BB # St. Address. Box #: 1525 E, North St. Board of Agriculture, Division of Water Resources											
City, State, ZIP Code: SALVA KS 6740L Application Number:												
3		WELL'S LOCAT IN SECTION E		4	DEPTH OF WELL							
	N				WELL'S STATIC WATER LEVEL 22 ft.							
					WELL WAS USED AS:							
w	N	w 🔀	- N E	E	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	6 C	Public Water Supp Dil Field Water Su Domestic (Lawn & Air Conditioning	pply	11 Injectio	ring Well		
	s	-\$ W \$ E			Was a chemical / bacteriological sample submitted to Department?Yes							
	s				Water Well Disinfected: Yes							
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: From											ft.	
			source of po		ontamination:		.		4			
	1 Septic tank 2 Sewer lines				Seepage pit Pit privy		Fuel storage Fertilizer storag	е	16 Orfler (sp	ecity below)		
	3 Watertight sewer lines 4 Lateral lines				Sewage lagoon Feedyard		Insecticide stora	•	Y Styce	EDE		
		ess Pool			0 Livestock pens		Oil well/Gas wel		•	U		
Direction from well?												
FROM TO PLUGGING MATERIALS												
0 4 Tap So			oil									
4 25 Benton			onite	<u> </u>								
<u> </u>	25 55 SAND											
	00117	240707:0	D I AND CO		OFFICIOATION TO							
CONTRACTOR'S OR LANDOWNER'S CHRTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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) This Water Well Record was completed on (mo/day/year)												
2-26-08 under the pusiness name of PGLLSON IRLIGATION												
by (signature)												
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.												