

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>SALINA</u>		<u>1/4</u> <u>1/4</u> <u>1/4</u>	<u>11</u>	<u>14</u>	<u>3N</u>

Distance and direction from nearest town or city street address of well if located within city?
1100 WEST GRAND SALINA, KS. 67401 SOUTHWELL

2	WATER WELL OWNER: <u>ROCK MATERIALS CO.</u>
RR #, St. Address, Box #: <u>P.O. BOX 2256</u> Board of Agriculture, Division of Water Resources	
City, State, ZIP Code: <u>WICHITA, KS. 67201</u> Application Number: _____	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>30'3"</u> ft WELL'S STATIC WATER LEVEL <u>19'8"</u> ft. WELL WAS USED AS: <table border="0"> <tr> <td>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 <u>Monitoring Well</u></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>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 <u>Monitoring Well</u>	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____
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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 _____

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

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____																				
Grout Plug Intervals: From <u>0</u> ft. to <u>26</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft.																					
What is the nearest source of possible contamination:																					
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Direction from well? <u>NORTH</u> How many feet? <u>OVER 100</u>																					

FROM	TO	PLUGGING MATERIALS
0	26	BENTONITE MUD PLUG

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>11-19-01</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>388</u> This Water Well Record was completed on (mo/day/year) <u>11-19-01</u> under the business name of <u>ROCK MATERIALS CO.</u>
by (signature) <u>[Signature]</u>	

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.