

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Saline	NW 1/4 SE 1/4 SW 1/4	14	14	3-West

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

1315 Beverly Drive, Salina, Kansas2 WATER WELL OWNER: **Ott Oil Company, Inc.**RR#, St. Address, Box # **1315 Beverly Drive**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : **Salina, Kansas 67401**

Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL **35.0** ft.WELL'S STATIC WATER LEVEL **25.71** ft.

WELL WAS USED AS:

1 Domestic

5 Public Water Supply

9 Dewatering

2 Irrigation

6 Oil Field Water Supply

10 Monitoring Well

3 Feedlot

7 Lawn and Garden (domestic)

11 Injection Well

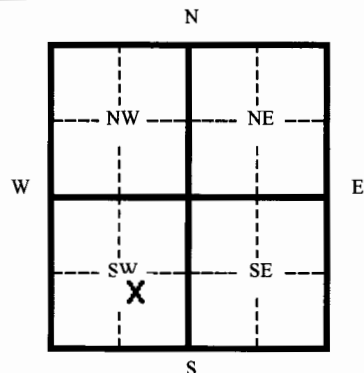
4 Industrial

8 Air Conditioning

12 Other

Was a chemical/bacteriological sample submitted to Department? Yes No **X**

If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes No **X**

5 TYPE OF BLANK CASING USED:

1 Steel

3 RMP (SR)

5 Wrought

7 Fiberglass

9 Other (specify below)

2 PVC

4 ABC

6 Asbestos-Cement

8 Concrete Tile

Blank casing diameter **2.375** in.Was casing pulled? Yes **X** NoIf yes, how much? **35.0'**Casing height above or below land surface **Unknown** in.**Well overdrilled to 20'**

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Plug Intervals From **0.0** ft. to **1.0** ft. From **1.0** ft. to **20.0** ft. From ft. to ft.

What is the nearest source of possible contamination:

1 Septic tank

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? **Northwest**How many feet? **65**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	1.0		Concrete
1.0	20.0		Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **03/16/05** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **04/04/05** under the business name of **Quad State Services, Inc.** by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.