

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: <b>Saline</b>	<b>NE ¼ NE ¼ NE ¼</b>	<b>2</b>		<b>14</b>		<b>3</b>	<b>E/W</b>

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

**1745 N. 9th Street, Salina**

2	WATER WELL OWNER: <b>Harry W. Steele Jr.</b> RR #, St. Address, Box #: <b>104 N. Hilldale Road</b> City, State, ZIP Code : <b>Salina, KS 67401</b>	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 ..... <b>30</b> ..... ft. WELL'S STATIC WATER LEVEL ..... <b>29.3</b> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn &amp; Garden) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well <b>12 Other vapor extraction</b> </div> </div>
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N

		X
NW		NE
SW		SE

S

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:
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1 Steel  
**2 PVC**  
3 RMP (SR)  
4 ABS  
5 Wrought  
6 Asbestos-Cement

7 Fiberglass  
8 Concrete Tile  
9 Other (Specify below)

Blank casing diameter .....**2**..... in. Was casing pulled? Yes .....**X**..... No ..... If yes, how much .....**10'**.....

Casing height above or below land surface .....**4**..... in.

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<b>3 Bentonite</b>	<b>4 Other Concrete</b>
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Grout Plug Intervals: From .....**0**..... ft. to .....**0.5**..... ft., From .....**0.5**..... ft. to .....**30**..... ft., From ..... to ..... ft.

What is the nearest source of possible contamination:

1 Septic tank  
2 Sewer lines  
3 Watertight sewer lines  
4 Lateral lines  
5 Cess pool

6 Seepage pit  
7 Pit privy  
8 Sewage lagoon  
9 Feedyard  
10 Livestock pens

11 Fuel storage  
12 Fertilizer storage  
13 Insecticide storage  
14 Abandoned water well  
15 Oil well/Gas well

**16 Other (specify below)**  
**Fmr UST basin**

Direction from well? ..... How many feet? .....

FROM	TO	PLUGGING MATERIALS
0	0.5	Concrete
0.5	20	Bentonite (8")
20	30	Bentonite (2")

VIEW

KDHE #U5 085 00244  
GeoCore #1005

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... <b>3/21/2006</b> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <b>527</b> ..... This Water Well Record was completed on (mo/day/year) ..... <b>3/23/2006</b> ..... under the business name of ..... <b>GeoCore Inc.</b> ..... by (signature) ..... <i>[Signature]</i> .....
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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, 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.