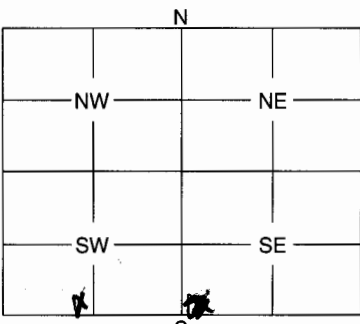


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Saline</u>	<u>SE SW SW</u>	<u>12</u>	<u>14</u>	<u>3</u> E/W

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

202 N. 5th Salina

2	WATER WELL OWNER: <u>1 KDHE - T & M</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>202 N. 5th St.</u>	Application Number: <u>MW03</u>
	City, State, ZIP Code: <u>Salina, KS</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>35</u> ft.												
		WELL'S STATIC WATER LEVEL 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><input checked="" type="radio"/> 10 Monitoring Well</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	<input checked="" type="radio"/> 10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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2 Irrigation	6 Oil Field Water Supply	<input checked="" type="radio"/> 10 Monitoring Well													
3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well													
4 Industrial	8 Air Conditioning	12 Other													
Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No <u>X</u>															

5	TYPE OF BLANK CASING USED:			
	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass
	<input checked="" type="radio"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile
	9 Other (Specify below)			
	Blank casing diameter <u>2</u> in. Was casing pulled? Yes No <u>X</u> If yes, how much			
	Casing height above or below land surface <u>0</u> in.			

6	GROUT PLUG MATERIAL:	1 Neat cement	<input checked="" type="radio"/> 2 Cement grout	<input checked="" type="radio"/> 3 Bentonite	4 Other
	Grout Plug Intervals:	From <u>0</u> ft.	to <u>35</u> ft.	From ft.	to ft.
	What is the nearest source of possible contamination:				
	1 Septic tank	6 Seepage pit	<input checked="" type="radio"/> 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? How many feet?				

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>35</u>	<u>Concrete / bent.</u>
		<u>(well was originally set w/ concrete grout casing filled w/ bent. prior to attempting to pull casing)</u>
<u>0</u>	<u>1</u>	<u>Soil</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>2/1/16</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>757</u> This Water Well Record was completed on (mo/day/year) <u>2/1/16</u> under the business name of <u>Larsen + Associates, LLC</u>	
	by (signature) <u>Kelly Dunn</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, 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.