

1	LOCATION OF WATER WELL: <u>Saline</u>	Fraction <u>NE SW SW</u>	Section Number <u>12</u>	Township Number <u>14</u>	Range Number <u>3</u>																								
County: <u>Saline</u> E/W <u>0</u>																													
Distance and direction from nearest town or city street address of well if located within city? <u>202 N 5th, Saline</u> <u>NW-4</u>																													
2	WATER WELL OWNER: <u>Former Pous Depot</u>																												
RR #, St. Address, Box #: <u>202 N. 5th</u>			Board of Agriculture, Division of Water Resources																										
City, State, ZIP Code: <u>Saline, KS</u>			Application Number: _____																										
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>35</u> ft.																										
<div style="text-align: center;">N</div> <table border="1" style="width:100%; height: 150px; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">NW</td> <td style="width: 50%; text-align: center;">NE</td> </tr> <tr> <td style="width: 50%; text-align: center;">SW</td> <td style="width: 50%; text-align: center;">SE</td> </tr> </table> <div style="text-align: center;">S</div>		NW	NE	SW	SE	WELL'S STATIC WATER LEVEL _____ ft.																							
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		WELL WAS USED AS:																											
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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:																												
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Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No _____ If yes, how much <u>4'</u>																													
Casing height above or below land surface <u>0</u> in.																													
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other _____																												
Grout Plug Intervals: From <u>3</u> ft. to <u>34.10</u> ft. From _____ ft. to _____ ft. From _____ to _____ ft.																													
What is the nearest source of possible contamination:																													
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>9-13-6</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>9-26-6</u> under the business name of <u>Larsen's Associates, Inc</u> by (signature) <u>Kelly Ann</u>																												

INSTRUCTIONS: Use typewriter or ballpoint 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.