

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
	County: <u>Salina</u>	<u>NE 1/4 SE 1/4 SW 1/4</u>	<u>1</u>	<u>14</u>	<u>3</u> EW																								
Distance and direction from nearest town or city street address of well if located within city? <u>1014 N. 3rd, Salina KS, 67401</u>																													
2	WATER WELL OWNER: <u>Ks, Department of Transportation</u>																												
RR #, St. Address, Box #: <u>1006 N. 3rd</u>		Board of Agriculture, Division of Water Resources																											
City, State, ZIP Code: <u>Salina KS, 67401</u>		Application Number:																											
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																												
		4	DEPTH OF WELL <u>3.9</u> ft.																										
		WELL'S STATIC WATER LEVEL <u>3.1</u> 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 & Garden) 8 Air Conditioning </div> <div> 9 Dewatering <input checked="" type="checkbox"/> 10 Monitoring Well <u>#W-2</u> 11 Injection Well 12 Other </div> </div>																											
Was a chemical / bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted <u>12-05-06</u>																													
Water Well Disinfected: Yes <input checked="" type="checkbox"/> No																													
5	TYPE OF BLANK CASING USED:																												
<div style="display: flex; justify-content: space-between;"> <div>1 Steel <input checked="" type="checkbox"/> 2 PVC</div> <div>3 RMP (SR) 4 ABS</div> <div>5 Wrought 6 Asbestos-Cement</div> <div>7 Fiberglass 8 Concrete Tile</div> <div>9 Other (Specify below)</div> </div>																													
Blank casing diameter <u>6</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much <u>6'</u>																													
Casing height above or below land surface <u>72" below</u> in.																													
6	GROUT PLUG MATERIAL: <input checked="" type="radio"/> Neat cement 2 Cement grout 3 Bentonite 4 Other																												
Grout Plug Intervals: From <u>0</u> ft. to <u>32</u> ft., From ft. to ft., From to ft.																													
What is the nearest source of possible contamination:																													
<div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> <input checked="" type="checkbox"/> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div>16 Other (specify below)</div> </div>																													
Direction from well? <u>W</u> How many feet? <u>26.5'</u>																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>31</u></td> <td><u>Neat cement (inside casing)</u></td> </tr> <tr> <td><u>31</u></td> <td><u>39</u></td> <td><u>sand chlorinated</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <div style="margin-top: 10px;"> <u>Placed chlorinated sand inside casing from bottom to 32'. Filled casing from 32' to 6' below grade with neat cement</u> </div>						FROM	TO	PLUGGING MATERIALS	<u>0</u>	<u>31</u>	<u>Neat cement (inside casing)</u>	<u>31</u>	<u>39</u>	<u>sand chlorinated</u>															
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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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) <u>01-19-2007</u> under the business name of <u>Kansas Department of Transportation</u> by (signature) <u>Donald D. Hoffman</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.																													