1	LOCAT	TION OF WAT	TER WELL:		Fraction	Section	n Number	Township	Number	Range	Number	
County: Saline				NE14 NE14 NE14		13	14	S	3	E(W)		
Distance and direction from nearest town or city street address of well if located within city? 1101 E. Iron, Salina												
2 WATER WELL OWNER: TRIPLETT, INC.												
RR #, St. Address, Box #: P.O. Box 647 City, State, ZIP Code : Salina, KS 67402-0647 Board of Agriculture, Division of Water Resources Application Number:												
3			CATION WITH		4 DEPTH OF WELL							
AN "X" IN SECTION BOX:					WELL'S STATIC WATER LEVEL N/A ft.							
		NW NE			WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply Monitoring Well							
	NN											
w				E	3 Feedlot 4 Industrial	7 Do	mestic (Lawn & C		11 Injection 12 Other	Well		
	Was a chemical / hacteriological sample submitted to Department? Yes No. ✓											
	If yes, mo/day/yr sample was submitted											
Water Well Disinfected: Yes No												
5	5 TYPE OF BLANK CASING USED:											
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile												
Blank casing diameter2 in. Was casing pulled? Yes												
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ● Bentonite ● OtherConcrete												
Grout Plug Intervals: From0												
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 6 Other (specify below)												
2 Sewer lines 3 Watertight sewer lines					7 Pit privy 8 Sewage lagoon	12 F	12 Fertilizer storage Former UST basin					
4 Lateral lines					9 Feedyard	14 /	bandoned water					
5 Cess pool 10 Livestock pens 15 Oil well/Gas well Direction from well?												
FROM TO PLUGGING MATERIALS												
0 1 Concrete												
1 3 Bentonite (8")												
3 39.5 Bentonite (2")					KDHE #U5 08	5 12824						
							GeoCore #10	17				
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)												
Water Well Contractor's License No. 527. This Water Well Record was completed on (mo/day/year)												
			Al K		business name of Scasson							
INS	TRUCTIO	ONS: Use ty	pewriter or b	all	point pen. Please press firm	nly and p	rint clearly. Plea	se fill in blan	ks, underline	e or circle th	e 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.												