1	LOCAT	ION OF WA	TER WELL:	Fraction	Section Number	Township Numb	er Range Number	
County: Saline			ne	NE14 NE14 NE14	2	14 S	3 EW	
Distance and direction from nearest town or city street address of well if located within city?								
1745 N. 9th St., Salina								
2 WATER WELL OWNER: OF LEAST AND ADDRESS OF LEAST A								
SEI Partners, LP RR #, St. Address, Box #: 2900 West 121st Street Board of Agriculture, Division of Water Resources								
City, State, ZIP Code : Leawood, KS 66209-1181 Application Number:								
3		WELL'S LOO IN SECTION	CATION WITH N BOX:		42 ft.			
X WELL WAS USED AS:								
	NN	<i>,</i>	NE	1 Domestic	5 Public Water Supply			
				2 Irrigation 3 Feedlot	6 Oil Field Water Supp7 Domestic (Lawn & G	iarden) 11 Injec	itoring Well tion Well	
W			E	4 Industrial	8 Air Conditioning	● Othe	Recovery well	
	SW SE Was a chemical / bacteriological sample submitted to Department? Yes							
[If yes, mo/day/yr sample was submitted							
[Water Well Disinfected: Yes No							
 								
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) ● PVC 4 ABS 6 Asbestos-Cernent 8 Concrete Tile								
Blank casing diameter8 in. Was casing pulled? Yes								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ● Bentonite ● OtherConcrete								
Grout Plug Intervals: From								
What is the nearest source of possible contamination:								
1 Septic tank 2 Sewer lines				6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storage		(specify below)	
Watertight sewer lines Lateral lines			ver lines	8 Sewage lagoon 9 Feedyard	13 Insecticide storage	•		
5 Cess pool				10 Livestock pens	15 Oil well/Gas well	WOII		
Direction from well? How many feet?								
FROM TO BILICOING MATERIALS								
			 	LUGGING MATERIALS				
0		0.5	Concrete		RW1			
0.5		3	Native soil		KDHE #U5 08	5 00244		
3		42	Bentonite (8")					
					GeoCore #100	05		
				,				
7	CONT	PACTORIC	OF LANDOWN	EDIS CEDTIFICATION: THE	e water well was slugged	under my insiedictic	on and was completed on	
(mo/day/year)								
Water Well Contractor's License No								
by (signature)								
INS	TRUCTI	ONS: Use	typewriter or ba	l point pen. Please press fir	mly and print clearly. Plea	se fill in blanks, und	erline 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.								