

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Saline	SW $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$	12	14S	3

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

301 West Ash Street, Salina, Kansas

2	WATER WELL OWNER: Bill Reimold
	RR #, St. Address, Box #: P.O. Box 1302
	City, State, ZIP Code : Salina, KS 67402
	Board of Agriculture, Division of Water Resources
	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ..... 40 ..... ft.
			WELL'S STATIC WATER LEVEL ..... 30.55 ..... ft.
			WELL WAS USED AS:
			1 Domestic      5 Public Water Supply      9 Dewatering 2 Irrigation    6 Oil Field Water Supply    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 <input checked="" type="checkbox"/> X
			If yes, mo/day/yr sample was submitted .....
			Water Well Disinfected: Yes ..... No <input checked="" type="checkbox"/> X

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

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	③ Bentonite	④ Other Topsoil/concrete
	Grout Plug Intervals:	From 40 ft. to 3 ft.	From 3 ft. to 0.5 ft.	From 0.5 ft. to 0 ft.	
	What is the nearest source of possible contamination:				
	1 Septic tank      6 Seepage pit      11 Fuel storage 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				⑬ Other (specify below) Former USTs
	Direction from well? .....		How many feet? .....		

FROM	TO	PLUGGING MATERIALS
40	3	Bentonite
3	0.5	Topsoil
0.5	0	Concrete

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... 10/1/2008 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... 708 ..... This Water Well Record was completed on (mo/day/year) ..... 10/2/2008 ..... under the business name of ..... Aquaterra Environmental Solutions, Inc. .... by (signature) .....
---	--

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.