ID NO._

1	LOCA	TION OF WA	TER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County: Saline				SW ₁₄ SW ₁₄ SW ₁₄	12		148		3	E(W)
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 Board of Agriculture, Division of Water Resources City, State, ZIP Code : Salina, KS 67402 Application Number:										
3	MARK	WELL'S LO	CATION WITH	4 DEPTH OF WELL3	9	ft.				
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 29.27 ft.										
		N		WELL WAS USED AS:						
	NE			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						
W				4 Industrial	8 Air Co	nditioning	•	12 Other		
Was a chemical / bacteriological sample submitted to Department? Yes								s N	۸o	
ii yes, mo/day/yi sample was submitted										
Water Well Disinfected: Yes NoX										
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 diameter in. Was casing pulled? Yes No If yes, how much 3 feet cut off										
Blank casing diameter									grade	
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Topsoil/concrete										
Grout Plug Intervals: From										
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 15 Other (specify below) Former USTs 12 Fertilizer storage										
2 Sewer lines 7				6 Seepage pit 7 Pit privy	12 Ferti	izer storage ticide storage	Ċ	Former US	Ts	
	4 La	ateral lines	er lines	8 Sewage lagoon 9 Feedyard	14 Abar	doned water w	vell .			
5 Cess pool 10 Livestock pens 15 Oil well/Gas well										
Direction from well? How many feet?										
	FROM	то	PLU	JGGING MATERIALS						
39 3 Bentonite										
3		0.5	Topsoil							
0.5		0	Concrete							
7	CONTI	RACTOR'S	OF LANDOWNE	R'S CERTIFICATION: This	water well	vas plugged	under my ju	risdiction ar	nd was com	rpleted on
(mo/day/year)										
				business name of						
INI				point pen. <u>Please press firr</u>						
an	swers. Se	end top thre	e copies to Kans	as Department of Health ar	d Environme	ent, Bureau o	f Water, Geo	logy Section	n, 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.										