\Box		1	0 ii Ni 1	I	T	
1	LOCATION OF WATER WELL:	SE1/4 DE1/4 NW/4	Section Number	Township Number	Range Number	
	unty: SALINE		<u>l</u>	17		
Distance and direction from nearest town or city street address of well if located within city? **BOFAMILE FORT OF INTERSITION LIGHTVILLE RO. AND ACMSTEONERD.						
2 WATER WELL OWNER: SALINE CO. RWD#4						
ا	RR #, St. Address, Box #: P.O.	30x 1044	Board of Agriculture	Division of Water Resource	o c	
	City, State, ZIP Code: SALIVA, Kr 67401 Application Number:					
3	MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
	AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL					
	N WELL WAS USED AS:					
' <u>-</u>					and the c	
	I I	1 Domestic 2 Irrigation	5 Public Water Supp6 Oil Field Water Su	pply 10 Monito	ering oring Well	
w	×	3 Feedlot 4 Industrial	7 Domestic (Lawn & 8 Air Conditioning		on Well	
	S W S E S Was a chemical / bacteriological sample submitted to Department? Yes					
Water Well Disinfected: Yes						
	S					
5	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 diameterin. Was casing pulled? Yes No					
6	6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
لل	Grout Plug Intervals: From					
What is the nearest source of possible contamination:						
1 Septic tank		6 Seepage pit	11 Fuel storage	16 Other (sp	pecify below) APPARENT	
2 Sewer lines 3 Watertight sewer lines		7 Pit privy 8 Sewage lagoon	12 Fertilizer storag13 Insecticide storag		HIPPHELDI	
4 Lateral lines		9 Feedyard	14 Abandoned wate			
Direction from well? How many feet?						
FROM TO PLU		PLUGGING MATERIALS				
	0 5 FIL	L DIET				
	5 56 Bin	STONITE HOLE PH	ila			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed						
닏	CONTRACTOR'S OR 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) and this record is true to the best of my knowledge and belief. Kansas This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief.					
}	by (signature) South August 2000					

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.