| 1 LOCATION | OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
|--|------------------|-----------------------------|---|-------------------------|---|
| County: | D= . | VEILNEL NIL | 1 | 15 | 300 |
| | line 1 | | <u> </u> | /5 | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | |
| Corner of 9th Street + Schilling 50's of corner | | | | | |
| 2 WATER WELL OWNER! Stevens Contractor | | | | | |
| RR#, St. Address, Box #: POBOT L197 Board of Agriculture, Division of Water Resources City, State, ZIP Code: Salina XS 67401 Application Number: 990200 | | | | | |
| $\boldsymbol{\mathcal{L}}$ | | | | | |
| | 'S LOCATION WITH | | , | | |
| WELL'S STATIC WATER LEVELft. | | | | | |
| | X | WELL WAS USED AS: | | | |
| | N E | 1 Domestic | 5 Public Water Supp | ply 9 <u>Dewatering</u> | • |
| " " | " | 2 Irrigation | 6 Oil Field Water 9 | Supply 10 Monitoring | Well |
| | | 3 Feedlot E 4 Industrial | 7 Lawn and Garden 0 8 Air Conditioning | | |
| | | | | 12 5 | |
| S W———————————————————————————————————— | | | | | |
| If yes, mo/day/yr sample was submitted | | | | | |
| Water Well Disinfected: Yes ★ No | | | | | |
| S | | | | | |
| 5 TYPE OF BLANK CASING USED: | | | | | |
| □ 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) | | | | | |
| 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 | | | | | |
| Casing height above or below land surfacein. | | | | | |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement, grout 3 Bentonite 4 Other | | | | | |
| Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft. | | | | | |
| | | | | | |
| What is the nearest source of possible contamination: | | | | | |
| 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) | | | | | |
| 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 | | | | | |
| Direction from well? North How many feet? 30 | | | | | |
| FROM | TO PLU | GGING MATERIALS | | | |
| <i>-</i> ~ | 14 Dood | | | | |
| 50 | 1 Donas | | | | |
| 19 | Y Jale | plus | | | |
| 4 | dit 8 | | | | |
| | | | | | |
| | | | | | |
| | | | _ | | |
| | | | | | |
| | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed | | | | | |
| \dashv on (mo/day/year) 2 | | | | | |
| Water Well Contractor's License No | | | | | |
| 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, Topeka, Kansas | | | | | |
| 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records. | | | | | |