

| 1  | LOCATION OF WATER WELL:<br>County: <u>Saline</u>   | Fraction<br><u>SE 1/4 SE 1/4 SE 1/4</u> | Section Number<br><u>2</u> | Township Number<br><u>15</u> | Range Number<br><u>3w</u> |      |    |                    |           |           |             |           |          |                  |          |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|---|----------------------------|------------------------------|---------------------------|------|----|--------------------|-----------|-----------|-------------|-----------|----------|------------------|----------|----------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Distance and direction from nearest town or city street address of well if located within city?<br><u>9th Street and Waterwell Rd. in Salina, Ks.</u>  |  |   |                            |                              |                           |      |    |                    |           |           |             |           |          |                  |          |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2  | WATER WELL OWNER: <u>Stevens Contractors</u><br>RR #, St. Address, Box #: <u>P.O. Box 6197</u><br>City, State, ZIP Code: <u>Salina, Ks 67401</u><br>Board of Agriculture, Division of Water Resources<br>Application Number: <u>990202</u>   |   |                            |                              |                           |      |    |                    |           |           |             |           |          |                  |          |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3  | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;">N<br/>W<br/>E<br/>S</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> <tr><td></td><td></td><td></td></tr> </table> <div style="text-align: center; margin-left: 10px;">E</div> </div> <div style="text-align: right; margin-top: -40px; margin-right: 10px;">X</div>  |   |                            |                              |                           |      |    |                    | NW        |           | NE          |           |          |                  | SW       |          | SE          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |   |                            |                              |                           |      |    |                    |           |           |             |           |          |                  |          |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NW   |  | NE                                      |                            |                              |                           |      |    |                    |           |           |             |           |          |                  |          |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |   |                            |                              |                           |      |    |                    |           |           |             |           |          |                  |          |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SW   |  | SE                                      |                            |                              |                           |      |    |                    |           |           |             |           |          |                  |          |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |   |                            |                              |                           |      |    |                    |           |           |             |           |          |                  |          |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4  | DEPTH OF WELL <u>50</u> ft.<br>WELL'S STATIC WATER LEVEL <u>18</u> ft.<br>WELL WAS USED AS:<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">1 Domestic</div> <div style="width: 33%;">5 Public Water Supply</div> <div style="width: 33%;">9 Dewatering</div> <div style="width: 33%;">2 Irrigation</div> <div style="width: 33%;">6 Oil Field Water Supply</div> <div style="width: 33%;">10 Monitoring Well</div> <div style="width: 33%;">3 Feedlot</div> <div style="width: 33%;">7 Domestic (Lawn &amp; Garden)</div> <div style="width: 33%;">11 Injection Well</div> <div style="width: 33%;">4 Industrial</div> <div style="width: 33%;">8 Air Conditioning</div> <div style="width: 33%;">12 Other .....</div> </div> Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>X</u> .....<br>If yes, mo/day/yr sample was submitted .....<br>Water Well Disinfected: Yes <u>X</u> ..... No .....   |   |                            |                              |                           |      |    |                    |           |           |             |           |          |                  |          |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5  | TYPE OF BLANK CASING USED:<br>1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (Specify below)<br>2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile .....<br>Blank casing diameter <u>16</u> in.    Was casing pulled? Yes <u>X</u> ..... No .....    If yes, how much <u>50</u> .....<br>Casing height above or below land surface ..... in.  |   |                            |                              |                           |      |    |                    |           |           |             |           |          |                  |          |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6  | GROUT PLUG MATERIAL:    1 Neat cement    2 Cement grout    3 Bentonite    4 Other <u>HOLE PLUG</u> .....<br>Grout Plug Intervals:    From <u>18</u> ft. to <u>4</u> ft.,    From ..... ft. to ..... ft.,    From ..... ft. to ..... ft.<br>What is the nearest source of possible contamination:<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">1 Septic tank</div> <div style="width: 33%;">6 Seepage pit</div> <div style="width: 33%;">11 Fuel storage</div> <div style="width: 33%;">16 Other (specify below) .....</div> <div style="width: 33%;">2 Sewer lines</div> <div style="width: 33%;">7 Pit privy</div> <div style="width: 33%;">12 Fertilizer storage</div> <div style="width: 33%;">.....</div> <div style="width: 33%;">3 Watertight sewer lines</div> <div style="width: 33%;">8 Sewage lagoon</div> <div style="width: 33%;">13 Insecticide storage</div> <div style="width: 33%;">.....</div> <div style="width: 33%;">4 Lateral lines</div> <div style="width: 33%;">9 Feedyard</div> <div style="width: 33%;">14 Abandoned water well</div> <div style="width: 33%;">.....</div> <div style="width: 33%;">5 Cess Pool</div> <div style="width: 33%;">10 Livestock pens</div> <div style="width: 33%;">15 Oil well/Gas well</div> <div style="width: 33%;">.....</div> </div> Direction from well? <u>EAST</u> .....    How many feet? <u>50</u> ..... |   |                            |                              |                           |      |    |                    |           |           |             |           |          |                  |          |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>50</u></td> <td><u>18</u></td> <td><u>Sand</u></td> </tr> <tr> <td><u>18</u></td> <td><u>4</u></td> <td><u>Hole Plug</u></td> </tr> <tr> <td><u>4</u></td> <td><u>0</u></td> <td><u>Dirt</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |  |   |                            |                              |                           | FROM | TO | PLUGGING MATERIALS | <u>50</u> | <u>18</u> | <u>Sand</u> | <u>18</u> | <u>4</u> | <u>Hole Plug</u> | <u>4</u> | <u>0</u> | <u>Dirt</u> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM   | TO   | PLUGGING MATERIALS                      |                            |                              |                           |      |    |                    |           |           |             |           |          |                  |          |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>50</u>  | <u>18</u>  | <u>Sand</u>                             |                            |                              |                           |      |    |                    |           |           |             |           |          |                  |          |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>18</u>  | <u>4</u>   | <u>Hole Plug</u>                        |                            |                              |                           |      |    |                    |           |           |             |           |          |                  |          |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>4</u>   | <u>0</u>   | <u>Dirt</u>                             |                            |                              |                           |      |    |                    |           |           |             |           |          |                  |          |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |   |                            |                              |                           |      |    |                    |           |           |             |           |          |                  |          |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7  | 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. <u>134</u> ..... This Water Well Record was completed on (mo/day/year) .....<br>by (signature) <u>Jessie Dolsen</u> ..... <u>Basementy Bemis Ent.</u> .....   |   |                            |                              |                           |      |    |                    |           |           |             |           |          |                  |          |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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.  |  |   |                            |                              |                           |      |    |                    |           |           |             |           |          |                  |          |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |