

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																								
	County: <b>Saline</b>	<b>NE 1/4 NE 1/4 SW 1/4</b>	<b>6</b>		<b>15</b>		<b>3</b>	<b>W</b>																								
Distance and direction from nearest town or city street address of well if located within city? <b>2 1/2 miles West of Salina, KS</b>																																
2	WATER WELL OWNER: <b>Mike Wrigley</b> RR #, St. Address, Box #: <b>3455 S. Cress Ln.</b> City, State, ZIP Code : <b>Salina, KS 67401</b>																															
Board of Agriculture, Division of Water Resources Application Number:																																
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>		4	DEPTH OF WELL ..... <b>160</b> ..... ft. WELL'S STATIC WATER LEVEL ..... ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td><input checked="" type="checkbox"/> Other <b>Heat Pump</b></td> </tr> </table>					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	<input checked="" type="checkbox"/> Other <b>Heat Pump</b>												
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Was a chemical / bacteriological sample submitted to Department? Yes ..... No ..... <input checked="" type="checkbox"/> ..... If yes, mo/day/yr sample was submitted ..... Water Well Disinfected: Yes ..... No ..... <input checked="" type="checkbox"/> .....																																
5	TYPE OF BLANK CASING USED: <table style="width:100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td><input checked="" type="checkbox"/> Other (Specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td><b>Polyethylene pipe</b></td> </tr> </table> Blank casing diameter <b>1 1/4</b> in. Was casing pulled? Yes ..... No ..... <input checked="" type="checkbox"/> ..... If yes, how much ..... Casing height above or below land surface ..... in.								1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	<input checked="" type="checkbox"/> Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	<b>Polyethylene pipe</b>														
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6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other ..... Grout Plug Intervals: From <b>5</b> ft. to <b>140</b> ft., From ..... ft. to ..... ft., From ..... to ..... ft. What is the nearest source of possible contamination: <table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> Direction from well? ..... <b>West</b> ..... How many feet? ..... <b>150</b> .....								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		<input checked="" type="checkbox"/> Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess Pool	10 Livestock pens	15 Oil well/Gas well					
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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) ..... <b>8/1/02</b> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <b>1-38</b> ..... This Water Well Record was completed on (mo/day/year) ..... <b>8/8/02</b> ..... by (signature) <i>Mike Peterson</i> under the business name of <b>Peterson Irrigation, Inc.</b>																															
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.																																