1	LOCATION OF WATER WELL:	Fraction	Section Number	Township	Number	Range	Number	
L _c	unty: Saline	SW4SE 1/4 NW4	/	15	S	3	W	
<u>├</u>	stance and direction from nearest town o	1	cated within city?	10				
		3, Saling, K	,					
2 WATER WELLOWNER: El Dorado National								
	RR #, St. Address, Box #: 304 Avenue B City, State, ZIP Code: Salina, Kansas 6740/ Application Number:							
3	MARK WELL'S LOCATION WITH	RK WELL'S LOCATION WITH 4 DEPTH OF WELL						
WELL'S STATIC WATER LEVEL ft.								
		WELL WAS USED AS:						
	N W ——— N E ——	1 Domestic	5 Public Water Supp	-	9 Dewate	-		
	x	2 Irrigation 3 Feedlot	6 Oil Field Water Su 7 Domestic (Lawn &		10) Monito 11 Injectio	ring Well on Well		
W	E	4 Industrial	8 Air Conditioning	·	12 Other	•••••		
Was a chemical / bacteriological sample submitted to Department?Yes If yes, mo/day/yr sample was submitted							<i>V</i>	
5	TYPE OF BLANK CASING USED:							
	2)PVC 4 ABS 6 A Blank casing diameter	rought 7 Fiberg sbestos-Cement 8 Concre	te Tile	·	ves. how m	uch 20	7 /	
Casing neight above or below land surface								
6 GROUT PLUG MATERIAL: 1 Neat cement (2) Cement grout 3 Bentonite 4 Other								
Grout Plug Intervals: From O ft. to 20 ft., From ft. to ft., From							f	
	What is the nearest source of poss 1 Septic tank	sible contamination:	11 Fuel storage					
	2 Sewer lines	⊶w. 7'!⊧Pit pri∨y	12 Fertilizer storag	в		ecify below)	Basin	
3 Watertight sewer lines 4 Lateral lines		8∍Sewage lagoon -:*:9 "Feedyard	13 Insecticide store	-	rter valuation is	aturumu Paraman III		
	5 Cess Pool 5 C	10 Livestock pens	15 Oil well/Gas wel		to sweet to the	Age 17 g		
Direction from well? On to partition How many feet?								
FROM TO HEEEE PLUG		IGGING MATERIALS	Control (Control of the Control of t					
	0 20 Ceme	ent grout (8	11) 8" over	rdrill	to 20	0 /		
L		<i>J</i>						
L								
ļ								
			17W 1	#654				
7 CONTRACTOR'S OR LANDOWNER'S, CERTIFICATION: This water well was plugged under my jurisc on (mo/day/year)						r and was c dge and belie apleted on (mo	ompleted if. Kansas i/day/year)	
by (signature)								
11	NSTRUCTIONS: Use typewriter or b	all point pen. Please press f	irmly and print clearly. Ple	ase fill in blan	ks, underlir	ne or circle th	e correct	
a	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.							