KSA 82a-1212

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range	Number	
 -	unty: Saline	SW4 SE4 NW4	,	15 5	3	W	
Distance and direction from nearest town or city street address of well if located within city?							
304 Avenue B, Salina, Kansas							
2							
	RR#, St. Address, Box #: 304 Avenue B City, State, ZIP Code: Salina Kansas 67401 Board of Agriculture, Division of Water Resources Application Number:						
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
	N WELL'S STATIC WATER LEVEL ft.						
WELL WAS USED AS:							
	N W N E	1 Domestic 2 Irrigation	5 Public Water Supp6 Oil Field Water Su		tering oring Well		
w	X	3 Feedlot 4 Industrial	7 Domestic (Lawn &	Garden) 11 Injection	on Well		
			8 Air Conditioning			_	
	Was a chemical / bacteriological sample submitted to Department?Yes						
	Water Well Disinfected: Yes No						
Ę							
TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)							
PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameter							
6 GROUT PLUG MATERIAL: 1 Neat cement							
Grout Plug Intervals: From O ft. to 20 ft., From ft. to ft., From to							
What is the nearest source of possible contamination:							
1 Septic tank Septible Seepage p 2 Sewer lines 2 50% 7 Pit privy			11 Fuel storage 12 Fertilizer storage			Busin	
	4 Lateral lines	8 Sewage lagoon 8 Seedyard 9 Seedyard 8 Seedyard 9 Seedyard 9 Seedyard 9 Seedya	13 Insecticide store 14 Abandoned water	_	albin S		
		10 Livestock pens	15 Oil well/Gas well			•	
Direction from well? South western well? How many feet? 180							
FROM TO : 500 PLUGGING MAT			, 1 · · · · · · · · · · · · · · · · · ·		,		
L	0 20 Cement	grout (8"	o over	drill to 20) '		
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<u></u>		: .					
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-			- MW4 #6	54			
L,							
7	on (mo/day/year)	ER'S CERTIFICATION: TH	is water well was plugge and this record is true This	ed under my jurisdiction to the best of my knowle Water Well Record was con	n and was co dge and belief apleted on (mo/	ompleted f. Kansas /day/year)	
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was co on (mo/day/year) 12 108 2003 and this record is true to the best of my knowledge and belief water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/year) under the business name of by (signature)							
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the 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.						