

1 LOCATION OF WATER WELL: County: <b>Saline</b>	Fraction <b>SE 1/4 SW 1/4 SW 1/4</b>	Section Number <b>17</b>	Township Number <b>15</b>	Range Number <b>3</b>																								
Distance and direction from nearest town or city street address of well if located within city? <b>402 E. North St., Smolan</b>																												
2 WATER WELL OWNER: <b>Philip L. Nelson</b> RR #, St. Address, Box #: <b>220 S. Main St.</b> City, State, ZIP Code: <b>Smolan, KS 67456</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>25</b> ft. WELL'S STATIC WATER LEVEL _____ ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div>           1 Domestic            2 Irrigation            3 Feedlot            4 Industrial         </div> <div>           5 Public Water Supply            6 Oil Field Water Supply            7 Domestic (Lawn &amp; Garden)            8 Air Conditioning         </div> <div>           9 Dewatering            10 Monitoring Well            11 Injection Well            12 Other _____         </div> </div> Was a chemical / bacteriological sample submitted to Department? Yes _____ No <b>X</b> ____ If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No <b>X</b> ____																											
5 TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div>           1 Steel            2 PVC         </div> <div>           3 RMP (SR)            4 ABS         </div> <div>           5 Wrought            6 Asbestos-Cement         </div> <div>           7 Fiberglass            8 Concrete Tile         </div> <div>           9 Other (Specify below) _____         </div> </div> Blank casing diameter <b>2</b> in. Was casing pulled? Yes <b>X</b> No _____ If yes, how much <b>25'</b> Casing height above or below land surface <b>0</b> in.																												
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <b>Native soil</b> Grout Plug Intervals: From <b>0</b> ft. to <b>3</b> ft., From <b>3</b> ft. to <b>25</b> ft., From _____ to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div>           1 Septic tank            2 Sewer lines            3 Watertight sewer lines            4 Lateral lines            5 Cess pool         </div> <div>           6 Seepage pit            7 Pit privy            8 Sewage lagoon            9 Feedyard            10 Livestock pens         </div> <div>           11 Fuel storage            12 Fertilizer storage            13 Insecticide storage            14 Abandoned water well            15 Oil well/Gas well         </div> <div>           16 Other (specify below) _____         </div> </div> Direction from well? _____ How many feet? _____																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>Native soil</td> </tr> <tr> <td>3</td> <td>25</td> <td>Bentonite (8")</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	0	3	Native soil	3	25	Bentonite (8")																MW-1R KDHE #U5 085 01003 GeoCore #1291	
FROM	TO	PLUGGING MATERIALS																										
0	3	Native soil																										
3	25	Bentonite (8")																										
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>11/14/2006</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>527</b> This Water Well Record was completed on (mo/day/year) <b>12/5/2006</b> under the business name of <b>GeoCore, Inc.</b> by (signature) <i>Dale Helf</i>																												
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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.																												