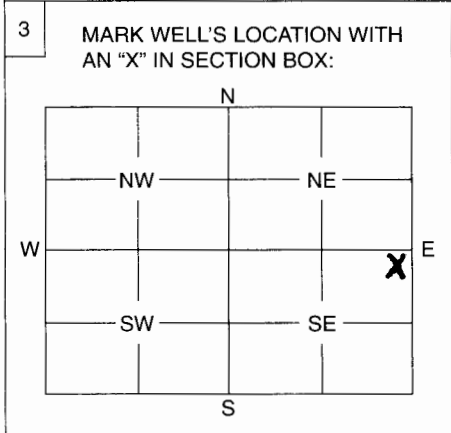


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>SALINE</u>	<u>NE 1/4 NE 1/4 SE 1/4</u>	<u>15</u>	<u>15 S</u>	<u>4 W</u> E/W

Distance and direction from nearest town or city street address of well if located within city? KANSAS REGIONAL TRAINING CENTER, SOUTHWEST OF SALINA @ ENGLUND ROAD & FARLEY

2	WATER WELL OWNER: <u>96 ADJUTANT GENERAL'S DEPT / ATTN: ERIC BEIGHTEL</u> <u>131 SW 27TH STREET</u>
	RR #, St. Address, Box #: _____ City, State, ZIP Code: <u>TOPEKA, KS 66611-1159</u>
	Board of Agriculture, Division of Water Resources Application Number: _____



4	DEPTH OF WELL <u>999</u> ft.
	WELL'S STATIC WATER LEVEL <u>999</u> ft.
	WELL WAS USED AS:
	<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 6 Oil Field Water Supply <input type="checkbox"/> 7 Domestic (Lawn & Garden) <input type="checkbox"/> 8 Air Conditioning <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 12 Other
	Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> <u>ROCKS</u>
	If yes, mo/day/yr sample was submitted
	Water Well Disinfected: Yes No <input checked="" type="checkbox"/>

VERY OLD, STOVEPIPE CASED WELL FULL OF DIRT & ROCKS

5	TYPE OF BLANK CASING USED:
	<input checked="" type="radio"/> 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input type="radio"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
	Blank casing diameter <u>4</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much <u>5'</u>
	Casing height above or below land surface in. <u>CASING WAS BENT AND FLATTENED @ SURFACE</u>

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other
	Grout Plug Intervals: From <u>5</u> ft. to <u>4.5</u> ft., From ft. to ft., From to ft.
	What is the nearest source of possible contamination:
	<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 12 Fertilizer storage <u>N/A</u> <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 15 Oil well/Gas well
	Direction from well? How many feet?

FROM	TO	PLUGGING MATERIALS
<u>5</u>	<u>4.5</u>	<u>HYDRATED BENTONITE CHIPS</u>
<u>4.5</u>	<u>0</u>	<u>RETURNED EXCAVATED SOIL TO HOLE & GRADED SMOOTH</u>

WELL #3
RECEIVED
AUG 18 2004
BUREAU OF WATER

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>07/07/04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>665</u> This Water Well Record was completed on (mo/day/year) <u>08/04/04</u> under the business name of <u>PRATT WELL ENVIRONMENTAL</u> by (signature) <u>Steven Egel</u>
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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.