1 LOCATIO	ON OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County:	Saline	VE1/4MW/4SE 1/4	1	15	4	
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: Kansas Land Developers LLC % Gary Hecker						
RR#, St. Address, Box #: 3331 S Lightville RD Board of Agriculture, Division of Water Resources City, State, ZIP Code: Salina, KS 67401 Application Number:						
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL						
N WELL'S STATIC WATER LEVELft.						
	WELL WAS USED AS:					
N	'₩ <u></u> N'E	1 Domestic 2 Irrigation	5 Public Water Sup	ply 9 Dewaterin Supply 10 Monitorin	g a Well	
w		3 Feedlot E 4 Industrial	7 Lawn and Garden	Only 11 Injection	Well used.	
X Industrial S Air conditioning						
s	Was a chemical/bacteriological sample submitted to Department? YesNo.X If yes, mo/day/yr sample was submitted					
	Water Well Disinfected: Yes. No					
5 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 2 Cement grout & Bentonite 4 Other						
Grout Plug Intervals: From. 4.ft. to.3ft., Fromft. toft., Fromft.						
What is the nearest source of possible contamination:						
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage						
2 Sewer lines 7 Pit privy 12 Fertilizer storage 200 Lield					71.61Q	
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well?						
FROM	TO PL	UGGING MATERIALS				
28	13 chlori	inted sand				
13	4 subs					
4	3 benton	it-		REC	EIVED	
3	O tope).·(AUG 2	4 2004	
	/			DUDEALL	05.44.777	
				BUREAU	OF WATER	
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
by (signature) way field up						

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.