

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: Osborne	NE ¼ NE ¼ NE ¼	18		7		12	<input checked="" type="checkbox"/> E/W

Distance and direction from nearest town or city street address of well if located within city?
905 N. First, Osborne

2	WATER WELL OWNER: Wholesale Services, Inc.	
	RR #, St. Address, Box #: 632 S. Broadway	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code : Salina, KS 67401	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 40.25 ft.																																									
	<div style="text-align: center;">N</div> <table border="1" style="width: 100%;"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>NW</td> <td></td> <td>NE</td> <td></td> </tr> <tr> <td>W</td> <td></td> <td></td> <td></td> <td>E</td> </tr> <tr> <td></td> <td>SW</td> <td></td> <td>SE</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>S</td> </tr> </table>							NW		NE		W				E		SW		SE											S	WELL'S STATIC WATER LEVEL Dry ft. WELL WAS USED AS: <table style="width: 100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No <input checked="" type="checkbox"/>																																												

5	TYPE OF BLANK CASING USED:	
	1 Steel <input checked="" type="checkbox"/> PVC	3 RMP (SR) 4 ABS
	5 Wrought 6 Asbestos-Cement	7 Fiberglass 8 Concrete Tile
	9 Other (Specify below)	
	Blank casing diameter 2 in.	Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much *
	Casing height above or below land surface 0 in.	

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> Bentonite	<input checked="" type="checkbox"/> Other Native soil
	Grout Plug Intervals:	From 0 ft.	to 3 ft.	From 3 ft.	to 40.25 ft.
	What is the nearest source of possible contamination:				
	1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool	6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well	16 Other (specify below)	
	Direction from well?		How many feet?		

FROM	TO	PLUGGING MATERIALS
0	3	Native soil
3	40.25	Bentonite (2")

*Drilled out to 3' bgs

MW12

KDHE #U6 071 12525 / GeoCore #1161

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/2/2006 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/year) 10/11/2006 under the business name of GeoCore Inc. by (signature) <i>Don Bell</i>
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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.