ANNUAL GROUNDWATER MONITORING WELL REPORT
CLASS III SALT SOLUTION MINING FACILITY

Return to:
Kansas Department of Health
and Environment (KDHE)
Bureau of Water, Geology Section
1000 SW Jackson Street, Ste. 420
Topeka, KS 66612-1367

Required by KDHE
Regulation K.A.R. 28-46-30b

Company Name:_____
Facility Name: _____
Address: _____
_____
_____
Contact Person:_____
Contact Person E-mail: _____

Wells are to be annually tested for chloride concentration and the static water level measured. The results are to be submitted to KDHE within 30 days of the completion of the sampling/measurement event.

Well No.	Static Water Level (bgs)	Static Water Level Measurement Date	Chloride Concentration (ppm)	Water Sampling Date	Remarks

Certified Laboratory Name and Kansas Certification Number: _____
Describe any observation well treatment, testing, workovers, reconstruction, or pluggings during this reporting period:
_____
_____
_____

Signature: _____
Title: _____

Printed Name of Signatory: _____
Date: _____

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