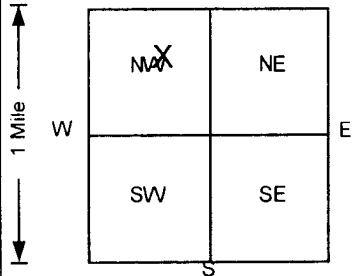


1 LOCATION OF WATER WELL: County: **Saline** Fraction: **SW ¼ NE ¼ NW ¼** Section Number: **16** Township Number: **T 14 S** Range Number: **R 2 EW**

Distance and direction from nearest town or city street address of well if located within city?
1 mile E of Salina, Kansas

2 WATER WELL OWNER: **Exline, Inc.**
 RR#, St. Address, Box # : **3256 E. Country Club Rd** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Salina, KS 67401** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **41** ft. ELEVATION: **0**
 Depth(s) Groundwater Encountered 1. **30** ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL **30** ft. below land surface measured on **10/27/2003**
 Pump test data: Well water was **NA** ft. after hours pumping gpm
 Est. Yield **NA** gpm; Well water was ft. after hours pumping gpm
 Bore Hole Diameter **7.5/8** in. to **41** ft., and in. to ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only **10 Monitoring well**
 Was a chemical/bacteriological sample submitted to Department? Yes No ; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED:
 1 Steel 2 PVC 3 RMP (SR) 4 ABS
 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass
 8 Concrete tile 9 Other (specify below)
 CASING JOINTS: Glued Clamped Welded Threaded
 Blank casing diameter **2** in. to **31** ft. Dia. in. to ft. Dia. in. to ft.
 Casing height above land surface **24** in. weight lbs./ft. Wall thickness or gauge No. **SCH. 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile **7 PVC** 8 RMP (SR) 10 Asbestos-cement
 11 Other (specify) 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 2 Louvered shutter **3 Mill slot** 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 11 None (open hole)
 SCREEN-PERFORATED INTERVALS: From **31** ft. to **41** ft., From ft. to ft., From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **29** ft. to **41** ft., From ft. to ft., From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: **1 Neat cement** 2 Cement grout **3 Bentonite** 4 Other
 Grout Intervals: From **0** ft. to **2** ft., From **2** ft. to **29** ft., From ft. to ft., From ft. to 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? **0**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4.5	Fill,			
4.5	7	Clay,			
7	15	Sand, silt,			
15	29	Silt, clay,			
29	39.5	Sand, gravel,			
39.5	40	Clay,			
40	41	Sand, gravel,			
H-1, Tag # , Abovegrade					
Project Name: Exline					
GeoCore # 534 , #					

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **(1)** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **10/27/2003** 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/yr) **10/29/2003**
 under the business name of **GeoCore Services, Inc.** by (signature) *[Signature]*

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.