

<b>1) LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <b>Saline</b>		<b>SW ¼ NE ¼ NW ¼</b>	<b>16</b>	<b>T 14 S</b>	<b>R 2 E/W</b>
Distance and direction from nearest town or city street address of well if located within city? <b>1 mile E of Salina, Kansas</b>					
<b>2) WATER WELL OWNER:</b>		<b>Exline, Inc.</b>			
RR#, St. Address, Box #		<b>3256 Country Club Rd</b>		Board of Agriculture, Division of Water Resources	
City, State, ZIP Code		<b>Salina, KS 67401</b>		Application Number:	
<b>3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4) DEPTH OF COMPLETED WELL . . . . . 57 . . . . ft ELEVATION: . . . . . 0 . . . . .</b>			
		Depth(s) Groundwater Encountered 1. . . . . 35 . . . . ft. 2. . . . . ft. 3. . . . . ft.			
		WELL'S STATIC WATER LEVEL . . . 34.1 . . . ft. below land surface measured on mo/day/yr . . . 10/28/2003 . . .			
		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 . . . 57 . . . . 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 <b>10 Monitoring well</b>			
		Was a chemical/bacteriological sample submitted to Department? Yes.....No✓.....; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes      No ✓			
<b>5) TYPE OF BLANK CASING USED:</b>		<b>CASING JOINTS:</b> Glued      Clamped      Welded      Threaded. ✓			
1 Steel      3 RMP (SR)		5 Wrought iron      8 Concrete tile			
<b>2 PVC</b> 4 ABS		6 Asbestos-Cement      9 Other (specify below)			
Blank casing diameter . . . 2 . . . in. to . . . 42 . . . ft, Dia . . . in. to . . . ft, Dia . . . in. to . . . ft.		7 Fiberglass			
Casing height above land surface . . . 24 . . . in, weight . . . lbs./ft. Wall thickness or gauge No. . . SCH. 40 . . .					
<b>TYPE OF SCREEN OR PERFORATION MATERIAL</b>		<b>7 PVC</b>		10 Asbestos-cement	
1 Steel      3 Stainless steel      5 Fiberglass		8 RMP (SR)		11 Other (specify)	
2 Brass      4 Galvanized steel      6 Concrete tile      9 ABS				12 None used (open hole)	
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>		5 Gauzed wrapped      8 Saw cut      11 None (open hole)			
1 Continuous slot <b>3 Mill slot</b> 6 Wire wrapped		9 Drilled holes			
2 Louvered shutter      4 Key punched      7 Torch cut		10 Other (specify)			
<b>SCREEN-PERFORATED INTERVALS:</b> From . . . 42 . . . ft. to . . . 57 . . . ft, From . . . ft. to . . . ft, From . . . ft. to . . . ft.					
From . . . ft. to . . . ft, From . . . ft. to . . . ft, From . . . ft. to . . . ft.					
<b>GRAVEL PACK INTERVALS:</b> From . . . 40 . . . ft. to . . . 57 . . . ft, From . . . ft. to . . . ft, From . . . ft. to . . . ft.					
From . . . ft. to . . . ft, From . . . ft. to . . . ft, From . . . ft. to . . . ft.					
<b>6) GROUT MATERIAL:</b> <b>1 Neat cement</b> 2 Cement grout <b>3 Bentonite</b> 4 Other . . . . .					
Grout Intervals: From . . . 0 . . . ft. to . . . 2 . . . ft, From . . . 2 . . . ft. to . . . 40 . . . ft, From . . . ft. to . . . ft.					
<b>What is the nearest source of possible contamination:</b>		10 Livestock pens      14 Abandoned water well			
1 Septic tank      4 Lateral lines      7 Pit privy      11 Fuel storage      15 Oil well/Gas well					
2 Sewer lines      5 Cess pool      8 Sewage lagoon      12 Fertilizer storage <b>16 Other (specify below)</b>					
3 Watertight sewer lines      6 Seepage pit      9 Feedyard      13 Insecticide storage					
Direction from well?		How many feet? 0			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Soil,			
2	5.5	Clay,			
5.5	9	Silt, sand,			
9	23	Gravel, clay,			
23	26	Clay,			
26	30	Gravel,			
30	36	Clay,			
36	48	Gravel,			
48	52	Clay, gravel,			
52	57	Gravel,			
					H-5, Tag # , Abovegrade
					Project Name: .. Exline
					GeoCore # 534 , #
<b>7) CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>(1)</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) . . . 10/28/2003 . . . 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 <b>GeoCore Services, Inc.</b> by (signature) <i>[Signature]</i>					
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.					