

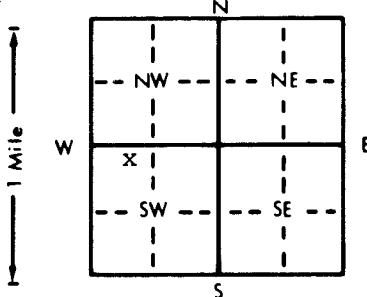
1 LOCATION OF WATER WELL: County: Saline Fraction: NE 1/4 NW 1/4 SW 1/4 Section Number: 8 Township Number: T 14 S Range Number: R 2 H/W

Distance and direction from nearest town or city street address of well if located within city?

Salina Country Club Salina Ks. on North Street

2 WATER WELL OWNER: Salina Country Club
 RR#, St. Address, Box #: Box 2056 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Salina, Ks. 67401 Application Number: 29837

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: 60 ft. ELEVATION: Unknown



Depth(s) Groundwater Encountered 1. 25 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 25 ft. below land surface measured on mo/day/yr 9/21/89
 Pump test data: Well water was 47 ft. after 3 hours pumping 400 gpm
 Est. Yield 400 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 30 in. to 60 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 X; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes _____ No X

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____

Blank casing diameter 16 in. to 40 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 18 in., weight 16.8 lbs./ft. Wall thickness or gauge No. Sch. 40

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 40 ft. to 60 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 60 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 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
 13 Insecticide storage No known source

Direction from well? ----- How many feet? -----

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	21	Top Soil & clay			
21	36	Fine sand			
36	41	Clay			
41	50	Sand & Gravel			
50	60	Shale			

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) 9/21/89 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186 This Water Well Record was completed on (mo/day/yr) 10/16/89 under the business name of Kelly's Water Well 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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R EW SEC. 1/4 1/4 1/4 1/4