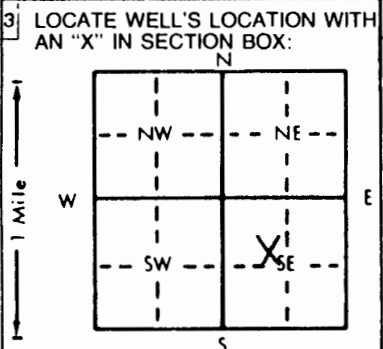


1 LOCATION OF WATER WELL: County: **Saline** Fraction: **SE₄ NW 1/4 SE₄** Section Number: **9** Township Number: **T 14 S** Range Number: **R 2 E/W**

Distance and direction from nearest town or city street address of well if located within city?
1700 East Iron, Salina, Kansas

2 WATER WELL OWNER: **Scouler Elevator**
 RR#, St. Address, Box #: **1700 East Iron** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Salina, Ks.** Application Number:



4 DEPTH OF COMPLETED WELL: **75** ft. ELEVATION: **NA**
 Depth(s) Groundwater Encountered 1. **9** ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL: **NA** ft. below land surface measured on mo/day/yr **NA**
 Pump test data: Well water was ft. after hours pumping gpm
 Est. Yield gpm: Well water was ft. after hours pumping gpm
 Bore Hole Diameter: **7.5/8** in. to **7.5** 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 Clamped
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded **X**
 Blank casing diameter **2** in. to **20** ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface **36** in., weight lbs./ft. Wall thickness or gauge ~~40~~ **Sch. 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 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 **20** ft. to **75** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **18** ft. to **65** 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 **4** ft., From **4** ft. to **18** 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
 Direction from well? **unknown** How many feet? **unknown**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	clay, dark gray, organic	49.5	50.5	clay
4	10	clay, brown, silty	50.5	54	sand & gravel, clayey
10	16	clay, dark gray	54	65	sand & gravel
16	17.5	clay, gray, silty, dry	65	75	clay, dark gray, hard, with trace shale at base of interval
17.5	22	clay, dark gray, plastic, dry			
22	25	clay, light gray, silty to sandy, wet			
25	26.5	clay, light gray, plastic			
26.5	29	clay, tan, slightly sandy			
29	32	clay, tan, very sandy			
32	37	sand, tan, very fine grained, very clayey to gravelly			
37	38.5	sand, tan, fine grained, silty			
38.5	42	sand & gravel, tan to brown, clayey, ironstone grains			
42	42.5	clay, tan, gravelly to sandy			
42.5	49.5	clay, gray, hard			
MW7-above ground cover					

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) **09-29-93** 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) **12-14-93** under the business name of **GedCore Services, Inc.** by (signature) *Dale Abell*

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.