

1 LOCATION OF WATER WELL: County: <b>Saline</b>	Fraction SW 1/4 NE 1/4 NW 1/4	Section Number <b>16</b>	Township Number T 14 S	Range Number R 2 <b>EW</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**3256 E. Country Club Rd. well B-2**

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: <b>25</b> ft. ELEVATION:
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Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.

WELL'S STATIC WATER LEVEL . . . . . ft. below land surface measured on mo/day/yr

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: **6** in. to **25** 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	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded . . . . .
<b>2</b> PVC	4 ABS	7 Fiberglass		Threaded . . . . .

Blank casing diameter **4** in. to **20** ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.

Casing height above land surface **18** in., weight . . . . . lbs./ft. Wall thickness or gauge No. . . . .

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) . . . . .
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	<b>12</b> None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) . . . . .
		5 Gauzed wrapped	8 Saw cut
			<b>11</b> None (open hole)

SCREEN-PERFORATED INTERVALS: From **20** ft. to **25** ft., From . . . . . ft. to . . . . . ft.

GRAVEL PACK INTERVALS: From **18** ft. to **25** ft., From . . . . . ft. to . . . . . ft.

6 GROUT MATERIAL: **1** Neat cement 2 Cement grout **3** Bentonite 4 Other . . . . .

Grout Intervals: From **0** ft. to **16** ft., From **16** 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	<b>16</b> Other (specify below)
			13 Insecticide storage	<b>industrial impoundment</b>

Direction from well? **W** How many feet? **50**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	7	fill			
7	13	silty clay			
13	19.5	clay			
19.5	20	ash			
20	25	clay			

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) **5-3-1982** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **126**. This Water Well Record was completed on (mo/day/yr) **7-8-1993** under the business name of **Kejr Science Group** by signature *Robert Exline*

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.

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