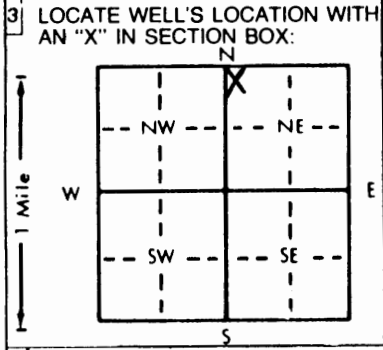


1 LOCATION OF WATER WELL: Fraction **NW NW 1/4 NE 1/4** Section Number **16** Township Number **T 14 S** Range Number **R 2 E** **(NW)**  
 County: **Saline**

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: **46.5** ft. ELEVATION: **NA**  
 Depth(s) Groundwater Encountered 1. **13.5** 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 **46.5** 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 **16.5** ft., Dia in. to ft., Dia in. to ft.  
 Casing height above land surface **0** in., weight 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 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 **16.5** ft. to **46.5** ft., From ft. to ft.  
 From ft. to ft., From ft. to ft.  
 GRAVEL PACK INTERVALS: From **15** ft. to **46.5** 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 **15** 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	3'	clay, dark gray, organic	38	44	sand & gravel, brown (ironstone grains)
3	5.5	clay, tan			
5.5	8	silt, brown, sandy	44	46.5	clay, gray to green, hard
8	11	clay, brown, silty			
11	13	clay, dark gray, sandy to silty			
13	16	clay, tan, sandy (dry)			
16	19	sand, brown, very fine grained, clayey, wet			
19	23	clay, gray to brown, silty			
23	26	sand, tan, fine to medium grained, silty, poorly rounded			
26	29	sand & gravel, brown, silty (ironstone grains)			
29	32	sand & gravel, brown, silty (ironstone grains) with clay lenses			
32	36	silt, gray, clayey			
36	38	sand, tan, fine to medium grained, clayey			MW3-flush mount 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) **09-15-93** 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 **GeoCore Services, Inc.** by (signature) *Paul G. Loh*

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.