

1 LOCATION OF WATER WELL: County: <u>Saline</u>	Fraction <u>1/4 W 1/2</u> <u>EX</u> <u>NE 1/4</u> <u>1/4</u>	Section Number <u>30</u>	Township Number <u>T 14 S</u>	Range Number <u>R 2</u> <b>(EW)</b>
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Distance and direction from nearest town or city street address of well if located within city?

Located on SE Edge of Salina-(Holmquist Addition)

2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :	<u>City of Salina</u> <u>P.O. Box 736</u> <u>Salina, KS 67402-0736</u>	Board of Agriculture, Division of Water Resources Application Number: <u>n/a</u>
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>40</u> ft. ELEVATION: <u>unknown</u>
	Depth(s) Groundwater Encountered 1. <u>18</u> ft. 2. _____ ft. 3. _____ ft.
	WELL'S STATIC WATER LEVEL <u>18</u> ft. below land surface measured on <u>mo/day/yr</u> <u>8/29/87</u>
	Pump test data: Well water was <u>nqt. ck</u> ft. after _____ hours pumping _____ gpm
	Est. Yield <u>unknown</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
Bore Hole Diameter <u>6</u> in. to <u>4 1/4</u> in. to _____ in. to _____ in. to _____ in.	
WELL WATER TO BE USED AS:	
1 Domestic      3 Feedlot      5 Public water supply      8 Air conditioning      11 Injection well 2 Irrigation    4 Industrial    6 Oil field water supply    9 Dewatering            12 Other (Specify below) 7 Lawn and garden only    10 <u>Observation well</u>	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; if yes, mo/day/yr sample was submitted _____	
Water Well Disinfected? Yes _____ No <u>X</u>	

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: <u>Glued X</u> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass	Welded _____
Blank casing diameter <u>2</u> in. to <u>32</u> ft., Dia <u>2</u> in. to <u>38</u> ft., Dia _____ in. to _____ ft.			Threaded _____
Casing height above land surface <u>24</u> in., weight <u>508</u> lbs./ft. Wall thickness or gauge No. <u>113</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
7 PVC	10 Asbestos-cement		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
2 Louvered shutter	4 Key punched	6 <u>Wire wrapped (Johnson)</u>	9 Drilled holes
7 Torch cut	10 Other (specify) _____		11 None (open hole)
SCREEN-PERFORATED INTERVALS: From <u>32</u> ft. to <u>37</u> ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>30</u> ft. to <u>38</u> ft., From _____ ft. to _____ ft.			
Fine Sand From <u>28</u> ft. to <u>30</u> ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL: a) <u>1 Neat cement</u>	2 Cement grout	b) <u>3 Bentonite</u>	4 Other _____
Grout Intervals: From a) <u>0</u> ft. to <u>10</u> ft., From b) <u>10</u> ft. to <u>28</u> 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
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage
			13 Insecticide storage
			14 Abandoned water well
			15 Oil well/Gas well
			16 <u>Other (specify below)</u> <u>river</u>
Direction from well? <u>east</u>			How many feet? <u>50'</u>

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	12	Topsoil & brown clay			
12	13	Sand & gravel, very fine & fine sand			
13	14	Brown clay			
14	26	Sand & gravel, very fine & fine sand			
26	27	Gray clay			
27	29	Sand & gravel, very fine to fine some medium			
29	30.5	Gray clay			
30.5	41	Sand & gravel, fine to very fine to med. - real loose			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) <u>reconstructed</u> , or (3) <u>plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>8/29/87</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u> . This Water Well Record was completed on (mo/day/yr) <u>9/18/87</u> under the business name of <u>Clarke Well &amp; Equipment, Inc.</u> by (signature) <u>[Signature]</u>
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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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-882-9360. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R EW SEC.