

1 LOCATION OF WATER WELL: County: <u>Saline</u>	Fraction <u>1/4 W 1/2 1/4 NE 1/4</u>	Section Number <u>30</u>	Township Number <u>T 14 S</u>	Range Number <u>R 2 E (W)</u>
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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 City 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>51</u> ft. ELEVATION: <u>unknown</u>
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Depth(s) Groundwater Encountered 1. 18 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 18 ft. below land surface measured on mo/day/yr 8/31/87

Pump test data: Well water was not ck'd ft. after _____ hours pumping _____ gpm

Est. Yield unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 24 in. to 50 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
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Observation well

12 Other (Specify below) RELIEF

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

Blank casing diameter 12 3/4 in. to 39 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 24 in., weight 49.56 lbs./ft. Wall thickness or gauge No. 375

TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC	10 Asbestos-cement
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
			11 Other (specify) _____
			12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped	6 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) <u>.060 slot</u>	

SCREEN-PERFORATED INTERVALS:	From <u>39</u> ft. to <u>49</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:	From <u>35</u> ft. to <u>49</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
	fine sand	From <u>33</u> ft. to <u>35</u> ft.	From _____ ft. to _____ ft.

6 GROUT MATERIAL:	a) Neat cement	2 Cement grout	b) 3 Bentonite	4 Other _____
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Grout intervals: From a) 5 ft. to 29 ft., From b) 29 ft. to 33 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	<u>river</u>

Direction from well? (river) east How many feet? 50

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	10	Topsoil & brown clay	38	49	Sand & gravel, fine to very fine to medium
10	12	Fine sand			
12	14	Brown clay	49	50	Black shale
14	19	Streaks of brown clay & streaks of sand & gravel, fine to very fine to medium			
19	21	Fine sand			
21	27	Sand & gravel, very fine to fine, some medium w/streaks of gray clay			
27	29	Gray clay			
29	31	Sand & gravel, very fine to fine w/gray clay streaks			
31	32.5	Gray clay			
32.5	38	Sand & gravel, very fine to fine w/clay streaks			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8/31/87</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 & 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: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.