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|---|----|---|---|-----------------|--------------------|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number |
| County: Saline | | NE 1/4 N 1/4 NW 1/4 | 31 | T 14 S | R 2 E/W |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | |
| Corner of Magnolia and Ohio Ave 700' East | | | | | |
| 2 WATER WELL OWNER: City of Salina | | | | | |
| RR#, St. Address, Box # : 300 W. Ash | | | Board of Agriculture, Division of Water Resources | | |
| City, State, ZIP Code : Salina, Kansas 67401 | | | Application Number: 940073 | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL..... 50..... ft. ELEVATION: | | | |
| <div><div>1 Mile</div><div><div>W</div><div><div><div><div>NW</div><div>NE</div><div>SW</div><div>SE</div></div></div><div>E</div></div><div>S</div></div></div> | | Depth(s) Groundwater Encountered 1..... ft. 2..... ft. 3..... ft. WELL'S STATIC WATER LEVEL .. 17..... 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 .. 30..... in. to 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 X 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 X No | | | |
| 5 TYPE OF BLANK CASING USED: | | 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued .. X .. Clamped .. | | | |
| 1 Steel 3 RMP (SR) | | 6 Asbestos-Cement 9 Other (specify below) Welded .. | | | |
| X 2 PVC 4 ABS | | 7 Fiberglass Threaded .. | | | |
| Blank casing diameter 16..... in. to 20..... ft., Dia in. to ft., Dia in. to ft. | | | | | |
| Casing height above land surface 12..... in., weight lbs./ft. Wall thickness or gauge No. | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | X 7 PVC 10 Asbestos-cement | | | |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) | | 12 None used (open hole) | | | |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | 5 Gauzed wrapped X 8 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) | | | | | |
| SCREEN-PERFORATED INTERVALS: From 50..... ft. to 20..... ft., From ft. to ft. | | | | | |
| GRAVEL PACK INTERVALS: From 50..... ft. to 20..... 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 None, casing will be pull | | | | | |
| Grout Intervals: From 0.0..... ft. to 0.0..... ft., From ft. to 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 | | | | | |
| X 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? East How many feet? 500 | | | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
| 0 | 3 | Top Soil | | | |
| 3 | 19 | Dark tight clay | | | |
| 19 | 34 | Dand and gravel | | | |
| 34 | 35 | Clay | | | |
| 35 | 50 | Sand and Gravel | | | |
| 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) 4-7-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134..... This Water Well Record was completed on (mo/day/yr) 4-11-94 under the business name of Rosencrantz-Bemis Ent., Inc. by (signature) Doug Dodson | | | | | |
| 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. | | | | | |