

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number
County: <b>Saline</b>		SW ¼ SW ¼ SW ¼		<b>12</b>	T <b>14</b> S	R <b>3</b> <b>EW</b>
Distance and direction from nearest town or city street address of well if located within city? <b>301 W. Ash - Salina</b>						
2 WATER WELL OWNER: <b>Reimold Properties, Inc.</b>						
RR#, St. Address, Box # : <b>P.O. Box 1302</b>				Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>Salina, Kansas 67402</b>				Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>38</b> ft. ELEVATION: <b>1225.1</b>				
		Depth(s) Groundwater Encountered 1. <b>30</b> ft. 2. <b>30</b> ft. 3. <b>30</b> ft.				
		WELL'S STATIC WATER LEVEL <b>27.35</b> ft. below land surface measured on mo/day/yr <b>9/8/95</b>				
		Pump test data: Well water was <b>NA</b> ft. after <b>NA</b> hours pumping <b>NA</b> gpm				
		Est. Yield <b>NA</b> gpm: Well water was <b>NA</b> ft. after <b>NA</b> hours pumping <b>NA</b> gpm				
		Bore Hole Diameter <b>8</b> in. to <b>38</b> ft. and <b>NA</b> in. to <b>NA</b> 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 <b>10</b> Monitoring well				
		Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted				
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>				
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <input type="checkbox"/> Clamped <input type="checkbox"/>						
2 <b>PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded <input type="checkbox"/>						
7 Fiberglass <input checked="" type="checkbox"/> Threaded <input checked="" type="checkbox"/>						
Blank casing diameter <b>2</b> in. to <b>23</b> ft. Dia <b>23</b> in. to <b>NA</b> ft. Dia <b>NA</b> in. to <b>NA</b> ft.						
Casing height above land surface <b>8.4</b> in. weight <b>NA</b> lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>						
TYPE OF SCREEN OR PERFORATION MATERIAL						
1 Steel 3 Stainless steel 5 Fiberglass <b>7</b> PVC 10 Asbestos-cement						
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) <b>12</b> None used (open hole)						
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot <b>3</b> 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) <b>11</b> None (open hole)						
SCREEN-PERFORATED INTERVALS: From <b>0</b> ft. to <b>19</b> ft. From <b>19</b> ft. to <b>21</b> ft. From <b>21</b> ft. to <b>38</b> ft.						
GRAVEL PACK INTERVALS: From <b>21</b> ft. to <b>38</b> ft. From <b>38</b> ft. to <b>NA</b> ft.						
6 GROUT MATERIAL: 1 Neat cement <b>2</b> Cement grout <b>3</b> Bentonite 4 Other						
Grout intervals: From <b>0</b> ft. to <b>19</b> ft. From <b>19</b> ft. to <b>21</b> ft. From <b>21</b> ft. to <b>38</b> 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) <b>UST Tank Basin</b>						
13 Insecticide storage 14 Abandoned water well						
Direction from well? <b>SE</b> How many feet? <b>125</b>						
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS						
0	0.5	Concrete,				
0.5	4	Clay, Dark Brown				
4	7	Clay, Light Brown				
7	11	Clay, Medium Brown				
11	20	Clay, Light Brown				
20	24	Clay, Light Brown and Gray				
24	27	Clay, Medium Orange Brown				
27	30	Clay, Medium Orange Brown				
30	38	Sand, Light Gray				
MW5, Tag # 144313, Flushmount						
Project Name: Rainbo Bakery Store						
GeoCore # 224, KDHE # U5 085 10097						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1)</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>9/15/95</b> and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No. <b>527</b> This Water Well Record was completed on (mo/day/yr) <b>10/17/95</b>						
under the business name of <b>GeoCore Services, Inc.</b> by (signature) <i>Dale Bell</i>						
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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