

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Saline</b>	<b>NW ¼ SE ¼ NW ¼</b>	<b>13</b>	<b>T 14 S</b>	<b>R 3 E/W</b>

Distance and direction from nearest town or city street address of well if located within city?

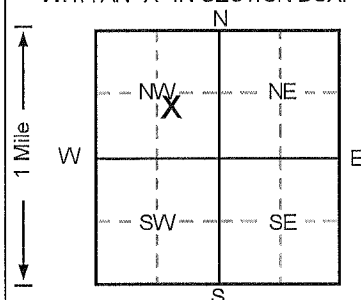
**243/245 S. 5th Street - Salina, KS**2 WATER WELL OWNER: **Stan Jones**RR#, St. Address, Box # : **1402 Wood Creek Circle**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : **Blue Springs, Missouri 64015**

Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL . . . . . **40** . . . . . ft. ELEVATION: . . . . .Depth(s) Groundwater Encountered 1. . . . . **32** . . . . . ft. 2. . . . . ft. 3. . . . . ft.

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

Pump test data: Well water was . . . . . **NA** . . . . . ft. after . . . . . hours pumping . . . . . gpmEst. Yield . . . . . **NA** . . . . . gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpmBore Hole Diameter . . . . . **8** . . . . . in. to . . . . . **40** . . . . . 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 wellWas a chemical/bacteriological sample submitted to Department? Yes . . . . . No **✓** . . . . .; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes No **✓**

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 . . . . .

Blank casing diameter . . . . . **2** . . . . . in. to . . . . . **25** . . . . . 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

8 RMP (SR)

11 Other (specify) . . . . .

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 . . . . . **25** . . . . . ft. to . . . . . **40** . . . . . ft., From . . . . . ft. to . . . . . ft.

From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

GRAVEL PACK INTERVALS: From . . . . . **23** . . . . . ft. to . . . . . **40** . . . . . 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 . . . . . **21** . . . . . ft., From . . . . . **21** . . . . . ft. to . . . . . **23** . . . . . 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

Unknown

Direction from well?

How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Gravel, Light Orange Brown			
0.5	2	Gravel,			
2	4	Clay, Dark Brown			
4	5	Clay, Light Brown			
5	8	Clay, Light Orange Brown			
8	12	Clay, Medium Brown			
12	14	Clay, Light Brown			
14	15	Clay, Dark Brown			
15	17	Clay, Light Brown			
17	20	Clay, Medium Brown			
20	22	Sand, Medium Orange Brown			
22	25	Sand, Medium Orange Brown			
25	32	Sand, Light Orange Brown			MW2, Flushmount
32	35	Sand, Light Orange Brown			Project Name: Milestone Chimney Sweeps - Salina
35	40	Sand, Medium Orange Brown			GeoCore # 305

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) . . . . . **2/5/96** . . . . . 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) . . . . . **2/29/96** . . . . . under the business name of **GeoCore Services, Inc.** by (signature) *Don A. Pohl*

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.