

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Saline		NE ¼ SW ¼ SW ¼		24		T 14 S		R 3 E/W	
Distance and direction from nearest town or city street address of well if located within city? 30' W Santa Fe & 200' S Jewell - Salina, KS									
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:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL 44.3 ft. ELEVATION:						
			Depth(s) Groundwater Encountered 1. 26.1 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 gpm						
			Est. Yield NA gpm: Well water was ft. after hours pumping gpm						
			Bore Hole Diameter 8 in. to 45 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 well									
Was 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									
7 Fiberglass Threaded. ✓									
Blank casing diameter 2 in. to 34.3 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 9 ABS 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 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 34.3 ft. to 44.3 ft., From ft. to ft.									
From ft. to ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From 28.4 ft. to 45 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 25 ft., From 25 ft. to 28.4 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									
Direction from well? How many feet?									
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
0 4 Loam, Medium Brown									
4 9 Silt, Dark Brown									
9 14 Silt, Dark Brown									
14 19 Silt, Medium Dark Brown									
19 24 Silt, Dark Brown									
24 29 Clayey Silt, Dark Brown									
29 34 Sand, Medium Red Brown									
34 39 Sand, Medium Red Brown									
39 44 Sand, Medium Red Brown									
44 45 Sand, Medium Red Brown									
MW2, Flushmount									
Project Name: Salina Downtown-CDM									
GeoCore # 126, CDM # 8558-112									
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) 2/22/96 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) 3/7/96									
under the business name of GeoCore Services, Inc. by (signature) <i>John R. 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.									