

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Saline		SE ¼ NW 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 & 15' S Minneapolis - 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 45 . . . ft. ELEVATION:			
<p>A 3x3 grid representing a section box. The top row is labeled 'N'. The bottom row is labeled 'S'. The left column is labeled 'W' and the right column is labeled 'E'. The four quadrants are labeled 'NW', 'NE', 'SW', and 'SE'. An 'X' is marked in the center square.</p>		Depth(s) Groundwater Encountered 1. 28.1 . . . 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 4.5 . . . 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)		CASING JOINTS: Glued Clamped	
(2) PVC		4 ABS		Welded	
		7 Fiberglass		Threaded. ✓	
Blank casing diameter 2 . . . in. to 3.5 . . . 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		(7) PVC	
(2) Brass		4 Galvanized steel		10 Asbestos-cement	
		6 Concrete tile		11 Other (specify)	
		9 ABS		12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		(3) Mill slot		8 Saw cut 11 None (open hole)	
2 Louvered shutter		4 Key punched		9 Drilled holes	
		7 Torch cut		10 Other (specify)	
SCREEN-PERFORATED INTERVALS: From 35 . . . ft. to 45 . . . ft., From ft. to ft.					
From ft. to ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From 29.5 . . . 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 26.5 . . . ft., From 26.5 . . . ft. to 29.5 . . . ft., From ft. to ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		10 Livestock pens 14 Abandoned water well	
2 Sewer lines		5 Cess pool		11 Fuel storage 15 Oil well/Gas well	
3 Watertight sewer lines		6 Seepage pit		12 Fertilizer storage 16 Other (specify below)	
		7 Pit privy		13 Insecticide storage	
		8 Sewage lagoon		How many feet?	
		9 Feedyard			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Loam, Medium Brown			
5	10	Silt, Light Brown			
10	15	Silt, Dark Brown			
15	20	Silty Sand, Light Brown			
20	25	Silty Sand, Light Brown			
25	30	Silt, Medium Red Brown			
30	35	Sand, Medium Red Brown			
35	40	Sand, Medium Red Brown			
40	45	Sand, Medium Red Brown			
					MW3 , 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>[Signature]</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.					