

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <b>Saline</b>		<b>SE ¼ SW ¼ NW ¼</b>	<b>24</b>	<b>T 14 S</b>	<b>R 3 E</b>
Distance and direction from nearest town or city street address of well if located within city? <b>500' N Republic &amp; 30' E Santa Fe - Salina, KS</b>					
<b>2 WATER WELL OWNER: City of Salina</b>					
RR#, St. Address, Box # : <b>300 W. Ash</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>Salina, Kansas 67401</b>			Application Number:		
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL . . . . . 44.9 . . . . ft. ELEVATION:</b>			
		Depth(s) Groundwater Encountered 1. . . . . 29 . . . . 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 <b>NA</b> . . . ft. after . . . hours pumping . . . gpm			
		Est. Yield . . <b>NA</b> . . gpm: Well water was . . . ft. after . . . hours pumping . . . gpm			
		Bore Hole Diameter . . . <b>8</b> . . in. to . . . <b>45</b> . . 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 <b>10 Monitoring well</b>			
Was a chemical/bacteriological sample submitted to Department? Yes.....No <b>✓</b> ; If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes      No <b>✓</b>					
<b>5 TYPE OF BLANK CASING USED:</b>					
1 Steel		3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued . . . . Clamped . . . .
<b>2 PVC</b>		4 ABS	7 Fiberglass		Welded . . . .
Blank casing diameter . . . . <b>2</b> . . in. to . . . <b>36.9</b> . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.					
Casing height above land surface . . . . <b>0</b> . . in., weight . . . 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 PVC</b>	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) . . . . .
			9 ABS		12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		<b>3 Mill slot</b>	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 . . . . <b>34.9</b> . . ft. to . . . <b>44.9</b> . . ft., From . . . ft. to . . . ft.					
From . . . . ft. to . . . ft., From . . . ft. to . . . ft.					
GRAVEL PACK INTERVALS: From . . . . <b>31.7</b> . . ft. to . . . <b>45</b> . . ft., From . . . ft. to . . . ft.					
From . . . . ft. to . . . ft., From . . . ft. to . . . ft.					
<b>6 GROUT MATERIAL:</b> 1 Neat cement <b>2 Cement grout</b> <b>3 Bentonite</b> 4 Other . . . . .					
Grout Intervals: From . . . . <b>0</b> . . ft. to . . . <b>31.2</b> . . ft., From . . . <b>31.2</b> . . ft. to . . . <b>31.7</b> . . 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	Clayey Silt, Dark Brown			
9	14	Silt, Dark Brown			
14	20	Silty Sand, Light Brown			
20	25	Silt, Medium Brown			
25	30	Silt, Light Gray Brown			
30	35	Sandy Silt, Light Gray Brown			
35	40	Sand, Medium Red Brown			
40	45	Sand, Medium Red Brown			
					MW13 , Flushmount
					Project Name: Salina Downtown-CDM
					GeoCore # 126 , CDM # 8558-112
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>(1)</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) . . . . . <b>2/22/96</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>3/7/96</b>					
under the business name of <b>GeoCore Services, Inc.</b> 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.					