

LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: SALINE	NE 1/4 SW 1/4 NW 1/4	13	T 14 S	R 3 E

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

100' S. WABBIT and 15' W Sth SALINA, KSWATER WELL OWNER: **CITY OF SALINA**IR#, St. Address, Box #: **300 W. ASH**City, State, ZIP Code: **SALINA, KS 67401**

Board of Agriculture, Division of Water Resources

Application Number:

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

4 DEPTH OF COMPLETED WELL: **60.4** ft. ELEVATION:Depth(s) Groundwater Encountered 1. **32** ft. 2. ft. 3. ft.WELL'S STATIC WATER LEVEL **32** ft. below land surface measured on mo/day/yr **2-26-96**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 **2** in. to **4.3** 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 **X**; If yes, mo/day/yr sample was submittedWater Well Disinfected? Yes No **X**

TYPE OF BLANK CASING USED:

5 Wrought iron

8 Concrete tile

CASING JOINTS: Glued Clamped

1 Steel

3 RMP (SR)

6 Asbestos-Cement

9 Other (specify below)

Welded

3 PVC

4 ABS

7 Fiberglass

Threaded **X**Blank casing diameter **3/4** in. to **50.4** ft., Dia. in. to ft., Dia. in. to ft.Casing height above land surface in., weight in., lbs./ft. Wall thickness or gauge No. **SCH 80**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel

3 Stainless steel

5 Fiberglass

3 PVC

10 Asbestos-cement

2 Brass

4 Galvanized steel

6 Concrete tile

8 RMP (SR)

11 Other (specify)

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 **50.4** ft. to **60.4** ft. From ft. to ft.

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

GRAVEL PACK INTERVALS: From **31** ft. to **63** ft. From ft. to ft.

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

GROUT MATERIAL:

1 Neat cement

2 Cement grout

3 Bentonite

4 Other

Grout intervals: From **4** ft. to **31** 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	6	LOAM, BRN/BLK			
6	11	CLAY, GY/BLK			MMW 12
11	13.5	SAND, LT TAN			
13.5	23	CLAYEY SAND, BRN			Surface Completion By
23	26	SAND, FINE			KWSWC License # 527
26	32	SILTY SAND, GRY/BRN			
32	34	SILTY CLAY, LT GY			
34	63	SAND, V.C. w/TRACE GRVL			

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) **2-26-96** and this record is true to the best of my knowledge and belief, KansasWater Well Contractor's License No. **604** This Water Well Record was completed on (mo/day/yr) **4-15-96**Under the business name of **Environmental Priority Service, Inc** by (signature) **Don Ray**

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.