

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Saline	NW ¼ SE ¼ SW ¼	12	T 14 S	R 3 E	(NW)
Distance and direction from nearest town or city street address of well if located within city? 100'S of Front and Ash Streets - Salina, Kansas					
2 WATER WELL OWNER: City of Salina					
RR#, St. Address, Box # : P.O. Box 736		Board of Agriculture, Division of Water Resources Application Number:			
City, State, ZIP Code : Salina, Kansas 67402-0736					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 79.5 . . . ft. ELEVATION: 1221.63			
<p>1 Mile</p> <p>W E</p> <p>S N</p>		Depth(s) Groundwater Encountered 1. 30 . . . ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL . . . 27.77 . . . ft. below land surface measured on mo/day/yr . . . 3/25/96			
		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 . . . 80 . . . 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 . . . 59.5 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.					
Casing height above land surface . . . -5.64 . . . 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)
				9 ABS	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 . . . 59.5 . . . ft. to . . . 79.5 . . . ft., From . . . ft. to . . . ft.					
GRAVEL PACK INTERVALS: From . . . 50 . . . ft. to . . . 80 . . . 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 . . . 45 . . . ft., From . . . 45 . . . ft. to . . . 50 . . . 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	UST Basin
Direction from well? E/SE How many feet? 585					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Clay, Dark Brown			
3	8	Clay, Brown			
8	17	Clay, Light Brown			
17	26	Sand, Light to Medium Red Brown			
26	44	Sand, Brown			
44	79	Sand, Brown			
79	80	Shale, Gray			
					MW15 , Flushmount
					Project Name: Salina Central Garage - Monitoring
					GeoCore # 301 , KDHE # U5 085 740
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) . . . 3/21/96 . . . 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) . . . 4/18/96 . . . 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.					