

LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>SALINE</u>		NW ¼ NE ¼ NE ¼	11	T 14 S	R 3 EW
Distance and direction from nearest town or city street address of well if located within city? <u>848 N. Broadway, Salina, KS</u>					
WATER WELL OWNER: <u>TOWN & COUNTRY MARKETS</u>					
RR#, St. Address, Box #: <u>P.O. Box 17087</u>					
City, State, ZIP Code: <u>WICHITA, KANSAS 67217</u>					
<small>Board of Agriculture, Division of Water Resources Application Number:</small>					
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		DEPTH OF COMPLETED WELL: <u>30'</u> ft. ELEVATION: _____ ft.			
		Depth(s) Groundwater Encountered 1. <u>18</u> 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 _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm; Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter: <u>8 1/4</u> in. to <u>30</u> 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 <u>10 Monitoring well</u>			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>✓</u> ; If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes _____ No <u>✓</u>					
TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<u>2 PVC</u>		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <u>2</u> in. to <u>20</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				Casing joints: Glued _____ Clamped _____	
Casing height above land surface <u>0</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____				Welded _____ Threaded _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		<u>7 PVC</u>	
2 Brass		4 Galvanized steel		10 Asbestos-cement	
		5 Fiberglass		11 Other (specify) _____	
		6 Concrete tile		12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		<u>3 Mill slot</u>		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS:					
From <u>30</u> ft. to <u>20</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:					
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GROUT MATERIAL:					
1 Neat cement		<u>2 Cement grout</u>		<u>3 Bentonite</u>	
Grout Intervals: <u>3</u> From <u>18</u> ft. to <u>16</u> ft., <u>2</u> From <u>16</u> ft. to <u>2</u> ft., From _____ ft. to _____ ft.				4 Other _____	
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				<u>11 Fuel storage</u>	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below) _____	
Direction from well? <u>Southeast</u> How many feet? <u>400</u>					
FROM TO		LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS	
0 10		BRN Clay			
10 30		Brn + yell Brn clayey Sand silt			
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>4-12-96</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>568</u> This Water Well Record was completed on (mo/day/yr) <u>4-12-96</u> under the business name of <u>Max's Enterprises</u> by (signature) <u>David Hunch</u>					
<small>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.</small>					