

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																															
County: <u>Saline</u>		NE 1/4 NE 1/4 SW 1/4		12		T 14 S		R 3 EW																															
Distance and direction from nearest town or city street address of well if located within city?																																							
<u>2nd & Pine, Salina, Kansas</u>																																							
2 WATER WELL OWNER: <u>UPRR</u>																																							
RR#, St. Address, Box # : <u>1416 Dodge Street</u>																																							
City, State, ZIP Code : <u>Omaha, NE</u>																																							
Board of Agriculture, Division of Water Resources Application Number:																																							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>43</u> ft. ELEVATION:																																					
		Depth(s) Groundwater Encountered <u>1</u> ft. 2. ft. 3. ft.																																					
		WELL'S STATIC WATER LEVEL <u>99</u> 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 _____ in. to _____ ft., and _____ in. to _____ ft.																																					
WELL WATER TO BE USED AS:																																							
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only X 0 Monitoring well																																							
Was a chemical/bacteriological sample submitted to Department? Yes _____ No XXX If yes, mo/day/yr sample was sub-																																							
mitted																																							
Water Well Disinfected? Yes _____ No XXX																																							
5 TYPE OF BLANK CASING USED:																																							
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 2 RVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____																																							
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																							
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____																																							
TYPE OF SCREEN OR PERFORATION MATERIAL:																																							
1 Steel 3 Stainless steel 5 Fiberglass 7 RVC 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____ 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 <u>43</u> ft. to <u>23</u> ft., From _____ ft. to _____ ft.																																							
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																							
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout X Bentonite XXX Other <u>Native Soils / Clay</u>																																							
Grout Intervals: From <u>44</u> ft. to <u>3</u> ft., From <u>3</u> ft. to <u>0</u> 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? _____																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">LITHOLOGIC LOG</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:20%;">PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td><u>44</u></td> <td><u>3</u></td> <td><u>Bentonite</u></td> </tr> <tr> <td></td> <td></td> <td></td> <td><u>3</u></td> <td><u>0</u></td> <td><u>Native Soils/ Clay</u></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><u>Plugged Casing</u></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><u>SAL MW-3</u></td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS				<u>44</u>	<u>3</u>	<u>Bentonite</u>				<u>3</u>	<u>0</u>	<u>Native Soils/ Clay</u>						<u>Plugged Casing</u>						<u>SAL MW-3</u>
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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) <u>12-10-97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> This Water Well Record was completed on (mo/day/yr) <u>1-5-98</u> under the business name of <u>GeoCore Services</u> by (signature) <u>Doc Bell</u>																																							
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.																																							

OFFICE USE ONLY

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