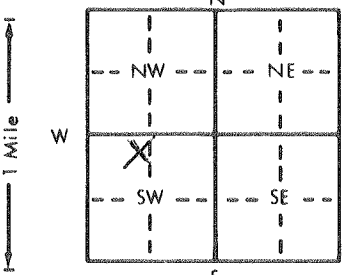


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Saline</u>		<u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>13</u>	<u>T</u> <u>14</u> <u>S</u>	<u>R</u> <u>3</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>443 Sante Fe, Salina, KS</u>					
2 WATER WELL OWNER: <u>Salina Regional Medical Center</u>					
RR#, St. Address, Box # : <u>400 S. Sante Fe</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Salina, KS 67402</u>			MW # <u>19</u> Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>40</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>35</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 <u>6</u> in. to <u>40</u> ft., and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:					
1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below)					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes _____ No <u>X</u> _____					
5 TYPE OF BLANK CASING USED:					
1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded <u>X</u> _____					
Blank casing diameter <u>2</u> in. to <u>30</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>0</u> in., weight <u>716</u> lbs./ft. Wall thickness or gauge No. <u>154</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole)					
SCREEN-PERFORATED INTERVALS: From <u>30</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>28</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>26</u> ft., From <u>26</u> ft. to <u>28</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) <u>Contaminated Site</u>					
Direction from well? _____ How many feet? _____					
LITHOLOGIC LOG					
FROM	TO	LITHOLOGIC LOG		FROM	TO
0	1	Asphalt, fill			
1	7	Clay			
7	21	Silty Clay			
21	26	Silt w/Clay			
26	35	Very Fine Silty Sand			
35	40	Med. to Coarse Sand			
PLUGGING INTERVALS					
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>7-25-97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>8-11-97</u> under the business name of <u>Woofter Pump & Well, Inc.</u> by (signature) <u>[Signature]</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.					