

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number				
County: <u>Saline</u>		<u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$	<u>25</u>	T <u>14</u> S	R <u>3</u> <u>EW</u>				
Distance and direction from nearest town or city street address of well if located within city? <u>2313 Mayfair Drive Salina, Kansas 67401</u>									
2 WATER WELL OWNER: <u>Danny Hogan</u>		Board of Agriculture, Division of Water Resources							
RR#, St. Address, Box #: <u>2313 Mayfair Dr.</u>		Application Number:							
City, State, ZIP Code: <u>Salina, KS 67401</u>									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>51.5</u> ft. ELEVATION: _____							
N 1 Mile W E S <table border="1" style="margin: auto; text-align: center;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		NW	NE						
		SW	SE						
		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>7</u> in. to <u>51.5</u> 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 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:		CASING JOINTS: Glued _____ Clamped _____							
1 Steel 3 RMP (SR)		Welded _____							
2 PVC 4 ABS		Threaded _____							
Blank casing diameter <u>4.5</u> in. to <u>41.5</u> 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:		7 PVC 10 Asbestos-cement							
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____		12 None used (open hole)							
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS									
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped 8 Saw cut 11 None (open hole)							
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes		10 Other (specify) _____							
2 Louvered shutter 4 Key punched 7 Torch cut									
SCREEN-PERFORATED INTERVALS: From <u>41.5</u> ft. to <u>51.5</u> ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>51.5</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>20</u> ft., From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well							
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well		16 Other (specify below) <u>Unknown</u>							
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage									
Direction from well? _____		How many feet? _____							
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS				
0	25	Clay							
25	51	Sand & clayey							
51	51.5	Clay							
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>7/27/00</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/year) <u>8/21/00</u> under the business name of <u>Geobore Services, Inc.</u> by (signature) <u>Dale 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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