

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Saline		NE 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? 821 N. Broadway, Salina, Kansas									
2 WATERWELL OWNER: Farmers Coop Association									
RR#, St. Address, Box # : P.O. Box 868					Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : Talmage, Kansas 67482					Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX			4 DEPTH OF COMPLETED WELL: 25 ft ELEVATION: 1220.77						
			Depth(s) Groundwater Encountered 1. _____ ft 2. _____ ft 3. _____ ft						
			WELL'S STATIC WATER LEVEL: 19.11 ft below land surface measured on mo/day/yr 11/11/97						
			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 25 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 <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____						
			Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>						
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 <input checked="" type="checkbox"/>									
Blank casing diameter: 2 in. to 15 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface: -3.96 in., weight _____ Sch 40 lbs./ft. Wall thickness or gauge No. _____									
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) _____									
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 15 ft. to 25 ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 13 ft. to 25 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 11 ft. From 11 ft. to 13 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)									
Tank Basin									
Direction from well? NE How many feet? 180									
LITHOLOGIC LOG									
FROM	TO								
0	2	Clay, Dark Brown							
2	10	Clay, Brown							
10	25	Sand, Brown/Gray							
PLUGGING INTERVALS									
FROM	TO								
MW4, Tag # 00192978, Flushmount									
Project Name: Farmers Coop Association - Salina									
GeoCore # 510, KDHE # U5 085 11007									
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) 7/31/02 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) 11/14/97									
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.									