

1 LOCATION OF WATER WELL: County: <u>SALINE</u>		Fraction <u>NW ¼ SW NE SW NE</u>	Section Number <u>24</u>	Township Number <u>14 S</u>	Range Number <u>R 3 E W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>650 E Wilson</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # City, State, ZIP Code <u>LISA BROWN</u> <u>650 E Wilson</u> <u>Salina, KS 67401</u>			Board of Agriculture, Division of Water Resources Application Number: <u> </u>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>56</u> ft. ELEVATION: <u>1228</u>			
<p>A diagram showing a section box divided into four quadrants labeled NW, NE, SE, and SW. An 'X' is marked in the center where all four quadrants meet.</p>		Depth(s) Groundwater Encountered 1. <u>36</u> ft. 2. <u> </u> ft. 3. <u> </u> ft.			
		WELL'S STATIC WATER LEVEL <u>36</u> ft. below land surface measured on mo/day/yr <u>10-17-04</u>			
		Pump test data: Well water was <u>36</u> ft. after <u>1 hr</u> hours pumping <u>12 gpm</u>			
		Est. Yield <u>30</u> gpm; Well water was <u> </u> ft. after <u> </u> hours pumping <u> </u> gpm			
		Bore Hole Diameter <u>8 1/2</u> in. to <u>34</u> ft., and <u>5 1/2</u> in. to <u>56</u> 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 <u>X</u> No <u> </u> ; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <u>X</u> No <u> </u>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		CASING JOINTS: Glued <u>X</u> Clamped	
② PVC		4 ABS		Welded	
		7 Fiberglass		Threaded	
Blank casing diameter <u>5</u> in. to <u>46</u> ft., Dia. <u> </u> in. to <u> </u> ft., Dia. <u> </u> in. to <u> </u> ft.					
Casing height above land surface <u>16</u> in., weight <u>160 LB</u> lbs./ft. Wall thickness or gauge No. <u>SDR26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) <u> </u>	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify) <u> </u>	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <u>46</u> ft. to <u>56</u> ft., From <u> </u> ft. to <u> </u> ft., From <u> </u> ft. to <u> </u> ft.					
GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>34</u> ft., From <u> </u> ft. to <u> </u> ft., From <u> </u> ft. to <u> </u> ft.					
6 GROUT MATERIAL: ① Neat cement 2 Cement grout 3 Bentonite 4 Other <u> </u>					
Grout Intervals: From <u>0</u> ft. to <u>24</u> ft., From <u> </u> ft. to <u> </u> ft., From <u> </u> ft. to <u> </u> ft.					
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	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below) <u> </u>	
Direction from well? <u>North</u> How many feet? <u>55</u>					
FROM TO		LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS	
0 4'		Fill dirt			
4' 31'		Brnd Clay			
31' 32½'		Grey clay			
32½' 56'		Medium + Coarse SAND + Gravel			
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>10-17-04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>523</u> This Water Well Record was completed on (mo/day/yr) <u>10-17-04</u> under the business name of <u>M & D well Service</u> by (signature) <u>Matthew Jankovic</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.					