

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Saline		NE ¼ NE ¼ SW ¼		12		T 14 S		R 03 W	
Distance and direction from nearest town or city street address of well if located within city? ~339 N. Pine St. (157' S & 10'W of the Third and Pine Street Intersection)									
2 WATER WELL OWNER:		Kansas Department of Health & Environment							
RR#, St. Address, Box # :		1000 SW Jackson Ste 410							
City, State, ZIP Code :		Topeka, KS 66612-1367							
		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 80 ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL 32.68 ft. below land surface measured on mo/day/yr 11-9-04							
		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 8.5 in. to 80 ft. and _____ in. to _____ ft.							
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)							
		2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well							
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted							
		Water Well Disinfected? Yes _____ No X							
5 TYPE OF BLANK CASING USED:		5 Wrought Iron		8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____			
1 Steel		3 RMP (SR)		6 Asbestos-Cement		Welded _____			
2 PVC		4 ABS		7 Fiberglass		Threaded Flush			
Blank casing diameter 2 in. to 70 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface Flushmount in., weight 0.703 lbs./ft. Wall thickness or gauge No. Sch. 40									
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC 10 Asbestos-cement							
1 Steel		3 Stainless steel		5 Fiberglass		8 RMP (SR)		11 Other (specify) _____	
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS		12 None used (open hole)	
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			
2 Louvered shutter		4 Key punched		7 Torch cut		10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS:		From 70 ft. to 80 ft.		From _____ ft. to _____ ft.					
		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS:		From 67 ft. to 80 ft.		From 60.7 ft. to 62 ft.					
		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.					
6 GROUT MATERIAL:		1 Neat cement		2 Cement grout		3 Bentonite		4 Other Bentonite Grout	
Grout Intervals From 1 ft. to 6 ft. From 6 ft. to 60.7 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon		12 Fertilizer storage		16 Other (specify below)	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		13 Insecticide storage			
Direction from well?		How many feet?							
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	3		Silty Clay - Fill						
3	14		Lean Clay						
17			Lean Clay, stiff						
28	32		Lean Clay, trace of fine to med sand						
35			Sand, fine to med with silt						
45			Sand, fine to med, trace of gravel and silt						
49			Silty Clay						
55	58		Sand, med to coarse						
60	80		Sand, med to coarse trace gravel						
80			Shale, gray						
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/yr) 11-3-04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 12-1-04 under the business name of Geotechnical Services, Inc. by (signature) <i>[Signature]</i>									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.									