

1 LOCATION OF WATER WELL:

County: **Saline**

Fraction **SE ¼ SW ¼ SW ¼**

Section Number **12**

Township Number **T 14 S**

Range Number **R 3W E/W**

Distance and direction from nearest town or city street address of well if located within city?
202 N. 5th St, Salina KS

2 WATER WELL OWNER: **KDHE – BER**
RR#, St. Address, Box # : **Bus Depot, Former (Vanier)**
City, State, ZIP Code : **U5-085-11995**

Global Positioning System (decimal degrees, min. of 4 digits)
Latitude: **N 38°50'35.1"**
Longitude: **W 97°36'31.5"**
Elevation: **1222.90 pin / 1222.67 toc**
Datum: _____
Data Collection Method: **legal survey**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N
NW NE
W SW SE
S
X

4 DEPTH OF COMPLETED WELL **45** ft.

MW13

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **35.10** ft. below land surface measured on mo/day/yr **9/13/06**

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

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 Domestic (lawn & garden) **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 CASING USED:

1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)

2 PVC 4 ABS 7 Fiberglass

CASING JOINTS: Glued _____ Clamped _____

Welded _____ Threaded **X**

Blank casing diameter **2** in. to **30** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **0** in., Weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel 5 Fiberglass **7** PVC 9 ABS 11 Other (specify) _____

2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot **3** Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)

2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **30** ft. to **45** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **28** ft. to **45** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3** Bentonite **4** Other **cement, 0-2'**

Grout Intervals From **2** ft. to **28** ft. From _____ ft. to _____ 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 13 Insecticide Storage 16 Other (specify below)

2 Sewer lines 5 Cess pool 8 Sewage lagoon **11** Fuel storage 14 Abandoned water well

3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil, dark brown to 0.5'			
	1	Silt w/sand, dry, lt brown			
3	5	Silt w/sand, very fine sand, coarse silt, lt brown, dry			
8	10	Sand, fine to very fine grained, lt brown			
13	15	Sand, fine grained, lt brown, dry			
18	20	As above			
23	25	Sand, fine to med grained, brown, very moist, wet at depth			
	45	TD			

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) **9/13/06** and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **757** . This Water Well Record was completed on (mo/day/year) **10/11/06**

under the business name of **Larsen & Associates, Inc.** by (signature) _____