

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Saline</b>		<b>SW</b> $\frac{1}{4}$ <b>SW</b> $\frac{1}{4}$ <b>SW</b> $\frac{1}{4}$	<b>12</b>	T <b>14</b> S	R <b>3</b> W
Distance and direction from nearest town or city street address of well if located within city? <b>301 W. Ash Street, Salina, Kansas</b>					
2 WATER WELL OWNER: <b>Bill Reimold</b>					
RR#, St. Address, Box #: <b>P.O. Box 1302</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: <b>Salina, KS 67402</b>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>39</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered <b>11.5</b> ft. 2 ft. 3 ft. Ft.			
		WELL'S STATIC WATER LEVEL <b>30.64</b> ft. below land surface measured on mo/day/yr <b>05/15/08</b>			
		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 <b>8.625</b> in. to <b>39</b> 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 <b>Monitoring well</b> <b>MW-9</b>					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was					
Submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 <b>PVC</b>		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
			7 Fiberglass		<b>Threaded</b> <b>X</b>
Blank casing diameter <b>2</b> in. to <b>24</b> Ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <b>FLUSH</b> in., weight <b>SCH 40</b> Lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	7 <b>PVC</b>	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 <b>Mill slot</b>	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes	
SCREEN-PERFORATED INTERVALS: From <b>24</b> ft. to <b>39</b> ft. From _____ ft. to _____ ft.					
SAND PACK INTERVALS: From <b>22</b> ft. to <b>39</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <b>Bentonite</b> 4 Other _____					
Grout Intervals From 3 <b>0</b> ft. to <b>20</b> Ft. From 2 <b>20</b> Ft. to <b>22</b> 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 <b>Other (specify below)</b>
<b>Contaminated Site</b>					
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
<b>0</b>	<b>.5</b>		<b>Concrete</b>		
<b>.5</b>	<b>25</b>		<b>Silty clay, brown, medium</b>		
<b>25</b>	<b>34</b>		<b>Sandy Silt with clay, brown</b>		
<b>34</b>	<b>39</b>		<b>Silty Sand, trace clay brown</b>		
<b>39</b>	<b>TD</b>		<b>End of Borehole</b>		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w					
Completed on (mo/day/yr) <b>05/15/08</b> And this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <b>585</b> This Water Well Record was completed on (mo/day/yr) <b>05/28/08</b>					
under the business name of <b>Associated Environmental, Inc.</b> By (signature) <b>Bradley Johnson</b>					
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.					

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