

1 LOCATION OF WATER WELL:		Fraction	Township Number	Range Number	
County: Salina	SW ¼ NW ¼ SW ¼	12	T 14 S	R 3 E W	
Distance and direction from nearest town or city street address of well if located within city? 222 W. Elm, Salina					
2 WATER WELL OWNER: City of Salina					
RR#, St. Address, Box # : P.O. Box 736		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : Salina, Kansas 67402-0736		Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 40 . . . ft. ELEVATION: 1223.82.			
N NW NE W X SW SE S		Depth(s) Groundwater Encountered 1. 16 . . . ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr 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 . . . 40 . . . 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 ☒ ; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes No ☒			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued Clamped Welded Threaded ☒			
1 Steel 3 RMP (SR) (2) PVC 4 ABS Blank casing diameter 2 . . . in. to . . . 20 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft. Casing height above land surface . . . -4.2 . . . in., weight . . . lbs./ft. Wall thickness or gauge No. . . Sch. 40		5 Wrought iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass			
TYPE OF SCREEN OR PERFORATION MATERIAL					
1 Steel 3 Stainless steel 5 Fiberglass 2 Brass 4 Galvanized steel 6 Concrete tile 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 . . . 20 . . . ft. to . . . 40 . . . ft.		From . . . ft. to . . . ft.			
From . . . ft. to . . . ft.		From . . . ft. to . . . ft.			
GRAVEL PACK INTERVALS:					
From . . . 18 . . . ft. to . . . 40 . . . ft.		From . . . ft. to . . . ft.			
From . . . ft. to . . . ft.		From . . . ft. to . . . ft.			
6 GROUT MATERIAL:					
Grout Intervals: From . . . 0 . . . ft. to . . . 1 . . . ft., From . . . 1 . . . ft. to . . . 18 . . . 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) 13 Insecticide storage					
Direction from well?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Clay, silty, moist, plastic, Dark Brown			
2	10	Clay, sily, moist, plastic, Brown			
10	16	Clay, v. silty, moist, plastic, Brown			
16	19	Clay, v. silty, saturated, no odor, Brown			
19	23	Clay, silty, moist, plastic, Brown			
23	27	Clay, silty, v. moist, no odor, Brown			
27	35	Sand (vf-m) w/occ. c gravel, Brown			
35	40	Sand (vf-c), v. silty, saturated, Brown			
MW17 , Tag # 0042458 , Flushmount					
Project Name: Salina Fire Station #1 - Monitoring					
GeoCore # 332 , KDHE # U5 085 00614					
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) 6/6/2008 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) 6/27/2008 .					
under the business name of GeoCore, Inc. by (signature) <i>Dale Hall</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.					