

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Saline	NE $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$	11	T 14 S	R 3 W

Distance and direction from nearest town or city street address of well if located within city?

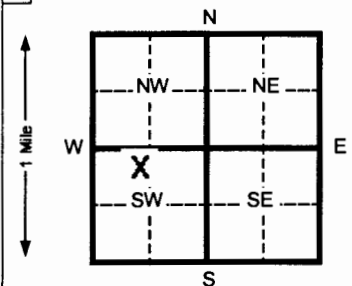
1329 W. North Street, Salina, KS2 WATER WELL OWNER: **D & E Rental, Inc.**RR#, St. Address, Box # : **1329 W. North Street**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : **Salina, KS 67401**

Application Number:

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

4 DEPTH OF COMPLETED WELL **25** ft. ELEVATION: **1232.64**Depth(s) Groundwater Encountered 11.5 **20** ft. 2 _____ ft. 3 _____ ft.WELL'S STATIC WATER LEVEL **19.33** ft. below land surface measured on mo/day/yr **09/27/11**

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 **8.625** In. to **25** 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** **MW-19**Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample wasSubmitted _____ Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____

2 **PVC** 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____Blank casing diameter **2** in. to **15** Ft., Dia _____ In. to _____ ft., Dia _____ in. to _____ ft.Casing height above land surface **FLUSH** In., weight **SCH 40** Lbs./ft. Wall thickness or gauge No. _____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 **15** ft. to **25** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

SAND PACK INTERVALS: From **13** ft. to **25** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals From2 **0.5** ft. to **11** Ft. From3 **11** to **13** 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 **Contaminated Site**

Direction from well? _____ How many feet? _____

FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

0 **0.5** **Asphalt****0.5** **25** **Silty Clay****25** **TD** **End of Borehole**

OFFICE USE ONLY

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SEC

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) **09/26/11** And this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **10/11/11**under the business name of **Associated Environmental, Inc.** By (signature) **Bradley J. Johnson**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Board of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.