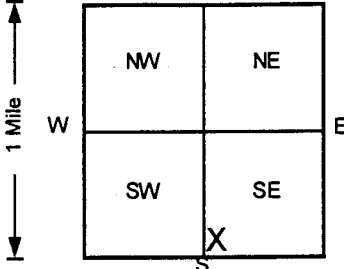


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Saline		SW ¼ SW ¼ SE ¼	15	T 14 S	R 3 E
Distance and direction from nearest town or city street address of well if located within city? 676 Westport Blvd., Salina, Kansas					
2 WATER WELL OWNER: David Maxwell					
RR#, St. Address, Box # : 2330 Glen Circle			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Salina, Kansas 67401			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 25 ft ELEVATION: 1235.05			
		Depth(s) Groundwater Encountered 1. ft 2. ft 3. ft WELL'S STATIC WATER LEVEL . . . 14.28 . . . ft below land surface measured on mo/day/yr . . . 3/16/98 . . . 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 . . . 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 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 <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes No <input checked="" type="checkbox"/>			
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					
7 Fiberglass Threaded. <input checked="" type="checkbox"/>					
Blank casing diameter 2 in. to 15 ft, Dia in. to ft, Dia in. to ft					
Casing height above land surface -1.8 in., weight Sch 40 lbs./ft. Wall thickness or gauge No.					
TYPE OF SCREEN OR PERFORATION MATERIAL					
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)					
9 ABS 12 None used (open hole)					
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 15 ft to 25 ft, From ft to ft					
From ft to ft, From ft to ft					
GRAVEL 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: From 0 ft to 11 ft, From 11 ft to 13 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 16 Former Tank Basin					
Direction from well? South How many feet? 280					
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
0 12 Clay, Dark Brown					
12 18 Clay, Brown/Grey					
18 25 Clay, Brown/Grey					
MW5, Tag # 00262679, Flushmount					
Project Name: West Crawford Amoco					
GeoCore # 576, KDHE # U5 085 11215					
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) 3/12/98 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) 3/30/98					
under the business name of GeoCore Services, Inc. by (signature) <i>David Maxwell</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.					