		ECORD						ources; App. 1		
1 LOC	ATION OF W	ATER WELL:	Fraction	NIE v	NIE /	Section N	umber	Township	Number	Range Number
Distance	and direction fr	om nearest town	or city stree	t address of	well if G	lobal Pos	itionine	System (de	ecimal dear	rees min of 4 digits)
1 LOCATION OF WATER WELL: Fraction County: Saline SW ¼ NE ¼ NE ½ Distance and direction from nearest town or city street address of well if located within city? 732 N Broadway, Salina, KS  Section Number Township Number Number Township Number										
Longitude:   W 97.61607°										
RR#, St. Address, Box # : PO Box 1305 Datum: WGS84 City, State, ZIP Code : Salina, KS 67402 Data Collection Method: legal survey										
City,	State, ZIP Code	: Salina,	KS 6/402	TED WELL	25 55	Data Coll	ection N	tetnoa: leg	al survey	
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 35.55 ft.  LOCATON MW1										
1	H AN "X" IN	Depth(s) Groun	ndwater Ence	ountered 1			ft. 2		ft. 3	ft.
1	TION BOX:	WELL'S STA	TIC WATER	LEVEL	26.95 ft.	below la	nd surfa	ce measure	d on mo/da	ft. ay/yr <b>11/29/12</b>
	N	Pumr	test data:	Well water	was	ft.	after	ho	urs pumpi	ng gpm
		Est. Yield	gpm:	Well water	was	ft.	after	ho	urs pumpi	ng gpm
-N	ν <del>- -</del> ν <u>'</u> ×- -	WELL WATE	R TO BE US	SED AS: 5	Public was	ter supply	/ 8 Ai	r conditioni	ng 11 <b>In</b>	jection well
w  i	╼╂╼┼═┤╒	1 Domestic 3	Feed lot	6 Oil field v	vater suppl	у	9 Dew	atering	12 Othe	er (Specify below)
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/o										
									(f	
	s	Sample was sul	bmitted			1	Water W	ell Disinfec	ted? Yes	No X
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped  1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded  2 PVC 4 ABS 7 Fiberglass Threaded X										
1 St	eel 3 I	RMP (SR) 6	Asbestos-Co	ement 9	Other (s	pecify be	low)		Welde	d
(2) PV	VC 4 A	ABS 7	Fiberglass						Thread	ed X
2) PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 20.55 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.28 ft., Weight lbs./ft. Wall thickness or gauge No.										
Casing height below land surface										
1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify)										
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)										
ISCREEN OR PERFORATION OPENINGS ARE:										
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)										
1 Continuous slot 3 Mill slot 5 Gauze 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 20.55 ft. to 35.55 ft. From ft. to ft.										
			From		ft. to		H. Fr	om	ft. to	) ft.
GF	LAVEL PACK	INTERVALS:	From	18	ft. to	36.00	ft. Fr	om	ft. to	ft.
			From		ft. to		_ft.Fr	om	ft. to	ft.
GRAVEL PACK INTERVALS:         From         18         ft. to         36.00         ft. From         ft. to         ft. to         ft. to         ft. ft.           6 GROUT MATERIAL:         1 Neat cement (2) Cement grout         (3) Bentonite         (4) Other Concrete: 0-1 ft           Grout Intervals         From         1         ft. to         15         ft. to         18         ft. From         ft. to         ft.										
Grout Intervals From 1 ft. to 15 ft. From 15 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 13 Insecticide Storage 16 Other (specify										
2 Sewer lines 5 Cess pool 8 Sewage lagoon (11) Fuel storage 14 Abandoned water well below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well										
	from well? W		nt 7 Today.		low many			Well Bas W		
FROM	TO		OGIC LOG		FROM	ТО	1	PLUGG	ING INTE	RVAIS
0		ass/Gravel on to			TROM	10		TECCO	INO INTE	KYALD
15		y silty clay								
										A
					<del> </del>		Flushn	nount waive	er from B	<u>ow</u>
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) reconstructed, or (3) plugged										
under my jurisdiction and was completed on (mo/day/year)1/18/13 and this record if true to the best of my knowledge and belief.										
Kansas Wa	ter Well Contract	or's License No.	757				om lete	on (mo/day/	/year)2	/4/13
		Larsen & Asso			by (signatu					
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send of the WATER WELL OWNER and retain one for										
Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send on the WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.										