

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Saline	NE $\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$	26	T 14 S	R 3 W

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

2118 Planet Ave. - Salina

2 WATER WELL OWNER: Jim's Formal Wear	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: 2118 Planet Ave.	Application Number:
City, State, ZIP Code: Salina, KS 67401	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 45 ft. ELEVATION: 1242.03 (TOC)
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL 25.97 ft. below TOC measured on mo/day/yr 06/23/14
	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 in. to 45 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	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____	
Water Well Disinfected? Yes _____ No X	

5 TYPE OF BLANK CASING USED:	5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
1 Steel 3 RMP (SR)	6 Asbestos-Cement 9 Other (specify below) _____
2 PVC 4 ABS	7 Fiberglass _____
Blank casing diameter 2 in. to 35 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.	Threaded Flush
Casing height above land surface 0 in., weight 0.703 lbs./ft. Wall thickness or gauge No. SCH. 40	
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 35 ft. to 45 ft. From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From 33 ft. to 45 ft. From _____ ft. to _____ ft.	

6 GROUT MATERIAL:	1 Neat cement <input type="checkbox"/> 2 Cement grout 3 Bentonite 4 Other _____
Grout Intervals From 1 ft. to 33 ft. From _____ ft. to _____ 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	
Direction from well? _____ How many feet? _____	

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	0.6		Concrete	20.7	23.2	Silty Sand, fine grained, dark yellow brown
0.6	0.9		Fill, Sand, fine grained	23.2	34	Silty Clay, mod yllw brn to olive black to mod yllw brn to gray olive, trace to some sand
0.9	4		Silty Clay, sandy, fine grained, mod to dusky yellow brown	34	36	Sand, fine grained, mod yellow brown
4	8.2		Sandy Silt, fine grained, some clay, dark yellow brown	36	45	Lithology not logged
8.2	10.2		Silty Sand, fine grained, dark yellow brown			
10.2	18.3		Silty Clay, dark yellow brown			GPS:
18.3	19.7		Silty Sand, fine grained, dark yellow brown			Latitude: N 38°48'16.6"
19.7	20.7		Silty Clay, dark yellow brown			Longitude: W 97°36'50.4"

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/yr) 06/19/14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 07/31/14 under the business name of GSI Engineering, LLC by (signature) _____
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INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.