

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number				
County <b>Saline</b>		<b>NE 1/4 NE 1/4 NE 1/4</b>	<b>2</b>	<b>T 14 S</b>	<b>R 3 EW</b>				
Distance and direction from nearest town or city street address of well if located within city?									
<b>1745 N 9th, Salina, Kansas</b> MW 11									
2 WATER WELL OWNER: <b>C. L. Clark</b>									
RR#, St. Address, Box # : <b>129 S 8th</b> Board of Agriculture, Division of Water Resources									
City, State ZIP Code : <b>Salina, Kansas 67401</b> Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>35</b> ft. ELEVATION:							
<div style="text-align: center;">N 1 Mile W E S</div> <table border="1" style="margin: auto; text-align: center;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.			
		NW	NE						
		SW	SE						
		WELL'S STATIC WATER LEVEL <b>29.70</b> ft. below land surface measured on mo/day/yr <b>8-21-91</b>							
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 <b>7 5/8</b> in. to <b>35</b> 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 <b>10 Monitoring well</b>									
Was a chemical/bacteriological sample submitted to Department? Yes No <b>X</b> If yes, mo-day-yr sample was submitted									
Water Well Disinfected? Yes No <b>X</b>									
5 TYPE OF BLANK CASING USED									
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped									
2 <b>PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded									
Blank casing diameter <b>2</b> in. to <b>25</b> ft. Dia in. to ft. Dia in. to ft.									
Casing height above land surface <b>0</b> in. weight lbs./ft. Wall thickness or gauge No. <b>Schedule 40</b>									
TYPE OF SCREEN OR PERFORATION MATERIAL									
1 Steel 3 Stainless steel 5 Fiberglass 7 <b>PVC</b> 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)									
SCREEN OR PERFORATION OPENINGS ARE									
1 Continuous slot 3 <b>Mill slot</b> 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 <b>25</b> ft. to <b>35</b> ft. From ft. to ft.									
GRAVEL PACK INTERVALS: From <b>23</b> ft. to <b>35</b> ft. From ft. to ft.									
6 GROUT MATERIAL: 1 Neat cement 2 <b>Cement grout</b> 3 <b>Bentonite</b> 4 Other									
Grout Intervals: From <b>0</b> ft. to <b>20 (cement)</b> ft. From <b>20</b> ft. to <b>23 (bent)</b> 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 <b>Fuel storage</b> 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? <b>N</b> How many feet? <b>110</b>									
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS				
0	4"	Concrete pad							
4"	6'	Clay, black, silt							
6	19	Silt, grey, clay							
19	25	Sand, grey, fine to medium, silt							
25	33	Sand, grey to black, fine to med.							
33	35	Clay, brown							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed</b> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>7-23-91</b> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <b>527</b> This Water Well Record was completed on (mo/day/yr) <b>8-21-91</b>									
under the business name of <b>GeoCore Services, Inc.</b> by (signature) <b>Don Bell</b>									
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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									