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| 1) LOCATION OF WATER WELL:<br>County: <b>Saline</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Fraction<br><b>NE 1/4 NE 1/4 NE 1/4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Section Number<br><b>2</b> | Township Number<br><b>T 14 S</b> |  | Range Number<br><b>R 3 E</b> |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>1745 N. 9th Street, Salina, Kansas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                            |                                  |  |                              |  |
| 2) WATER WELL OWNER: <b>SEI Partners</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Board of Agriculture, Division of Water Resources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                            |                                  |  |                              |  |
| RR#, St. Address, Box # : <b>129 S. 8th</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                            |                                  |  |                              |  |
| City, State, ZIP Code : <b>Salina, Ks. 67401</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                            |                                  |  |                              |  |
| 3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 4) DEPTH OF COMPLETED WELL: <b>30</b> ft. ELEVATION: <b>04-04-93</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                            |                                  |  |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Depth(s) Groundwater Encountered 1. <b>NONE</b> ft. 2. ft. 3. ft.<br>WELL'S STATIC WATER LEVEL <b>NA</b> ft. below land surface measured on mo/day/yr<br>Pump test data: Well water was ft. after hours pumping gpm<br>Est. Yield gpm: Well water was ft. after hours pumping gpm<br>Bore Hole Diameter <b>7 7/8</b> in. to <b>30</b> ft. and in. to ft.<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well <b>Vapor extraction</b><br>Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted<br>Water Well Disinfected? Yes No <input checked="" type="checkbox"/> |  |                            |                                  |  |                              |  |
| 5) TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped<br>1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded<br>2 PVC 4 ABS 7 Fiberglass Threaded <input checked="" type="checkbox"/><br>Blank casing diameter <b>2</b> in. to <b>25</b> ft. Dia in. to ft. Dia in. to ft.<br>Casing height above land surface <b>-4</b> in., weight lbs./ft. Wall thickness or gauge No.<br>TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement<br>1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)<br>2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)<br>1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes<br>2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)<br>SCREEN-PERFORATED INTERVALS: From <b>25</b> ft. to <b>30</b> ft. From ft. to ft.<br>From ft. to ft. From ft. to ft.<br>GRAVEL PACK INTERVALS: From <b>23</b> ft. to <b>30</b> ft. From ft. to ft.<br>From ft. to ft. From ft. to ft.<br>6) GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other<br>Grout Intervals: From <b>0</b> ft. to <b>19</b> ft. From <b>19</b> ft. to <b>23</b> ft. From ft. to ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)<br>13 Insecticide storage<br>Direction from well? <b>northwest</b> How many feet? <b>40</b><br>FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS<br>0 6" CONCRETE<br>6" 5' DK BRN CLY, SLTY<br>5' 10' DK MED GY BRN CLY, SLTY<br>10' 17' BRN SLTY CLY<br>17 25 GY BRN SLTY CLY<br>25 30 BRN SLTY CLY<br>VEW<br>Flush mount cover |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                            |                                  |  |                              |  |
| 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) <b>03-16-93</b> and this record is true to the best of my knowledge and belief. Kansas<br>Water Well Contractor's License No. <b>527</b> This Water Well Record was completed on (mo/day/yr) <b>04-30-93</b><br>under the business name of <b>GeoCore Services, Inc.</b> by (signature) <i>Dale Kohl</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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                            |                                  |  |                              |  |