

1 LOCATION OF WATER WELL: County: <u>Saline</u>		Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>		Section Number <u>12</u>	Township Number <u>T 14 S</u>		Range Number <u>R 3 E/W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>418 East Ash, Salina, Kansas 67401</u>								
2 WATER WELL OWNER: <u>City of Salina</u>		Board of Agriculture, Division of Water Resources						
RR#, St. Address, Box # : <u>300 West Ash</u>		Application Number:						
City, State, ZIP Code : <u>Salina, Ks. 67401</u>								
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>44</u> ft. ELEVATION: <u>32.80</u> ft.						
		Depth(s) Groundwater Encountered <u>1</u> <u>34</u> ft. 2. <u>32.80</u> ft. 3. <u>32.80</u> ft.						
		WELL'S STATIC WATER LEVEL <u>32.80</u> ft. below TOC measured on mo/day/yr <u>07-06-93</u>						
		Pump test data: Well water was <u>32.80</u> ft. after <u>32.80</u> hours pumping <u>32.80</u> gpm						
		Est. Yield <u>32.80</u> gpm: Well water was <u>32.80</u> ft. after <u>32.80</u> hours pumping <u>32.80</u> gpm						
		Bore Hole Diameter <u>7 7/8</u> in. to <u>45</u> ft. and <u>45</u> in. to <u>45</u> 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.....X.....; If yes, mo/day/yr sample was submitted						
		Water Well Disinfected? Yes No X						
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								
Blank casing diameter <u>2</u> in. to <u>44</u> ft. Dia. <u>44</u> in. to <u>44</u> ft. Dia. <u>44</u> in. to <u>44</u> ft.								
Casing height above land surface <u>0</u> in. weight <u>0</u> lbs./ft. Wall thickness or gauge No. <u>40</u> Sch. <u>40</u>								
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)								
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								
3 Torch cut 10 Other (specify)								
SCREEN-PERFORATED INTERVALS: From <u>29</u> ft. to <u>44</u> ft. From <u>29</u> ft. to <u>44</u> ft.								
GRAVEL PACK INTERVALS: From <u>27</u> ft. to <u>45</u> ft. From <u>27</u> ft. to <u>45</u> ft.								
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other								
Grout Intervals: From <u>0</u> ft. to <u>25</u> ft. From <u>25</u> ft. to <u>25</u> ft. From <u>25</u> ft. to <u>25</u> 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)								
Direction from well? <u>southwest</u> How many feet? <u>36'</u>								
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS								
0 6" CONCRETE								
6" 18' BRN SLTY CLY								
18 27 GY SLTY CLY								
27 35 GY SILT								
35 45 VF TO F SND								
MW 2								
Flush mount cover								
KDHE id # 00080952								
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) <u>05-18-93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> This Water Well Record was completed on (mo/day/yr) <u>07-14-93</u> under the business name of <u>GeoCore Services, Inc.</u> by (signature) <u>[Signature]</u>								
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								