

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: Saline		SE    ¼   NW    ¼   SW    ¼	12	T    14       S	R    3       EW
Distance and direction from nearest town or city street address of well if located within city? 222 W. Elm, Salina					
<b>2 WATER WELL OWNER:</b>	City of Salina RR#, St. Address, Box # : 300 West Ash City, State, ZIP Code : Salina, KS 67401				
					Board of Agriculture, Division of Water Resources Application Number:
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL..... ft. ELEVATION:</b>				
<p>A diagram showing a square section divided into four quadrants labeled NW, NE, SE, and SW. An arrow points to the SW quadrant.</p>	Depth(s) Groundwater Encountered 1.....ft. 2.....ft. 3.....ft. WELL'S STATIC WATER LEVEL ..28.51... ft. below TOC measured on mo/day/yr 06-30-93 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 .7 7/8 in. to ..... ft., and ..... in. to ..... ft. <b>WELL WATER TO BE USED AS:</b> 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)</b> Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes.....No..... <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes No <input checked="" type="checkbox"/>				
	<b>5 TYPE OF BLANK CASING USED:</b>				
	Blank casing diameter ..... 2 .....in. to ..... ft., Dia .....in. to ..... ft., Dia .....in. to ..... ft. Casing height above land surface ..... 0 .....in., weight ..... lbs./ft. Wall thickness or gauge No. ....SCH. 40				
	<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>				
	<b>SCREEN OR PERFORATION OPENINGS ARE:</b>				
<b>SCREEN-PERFORATED INTERVALS:</b>					
<b>GRAVEL PACK INTERVALS:</b>					
<b>6 GROUT MATERIAL:</b> 1 Neat cement <b>(2)</b> Cement grout <b>(3)</b> Bentonite 4 Other					
Grout intervals: From ... 0 ...ft. to ... 21 ...ft., From ... 21 ...ft. to ... 23 ...ft., From ...ft. to ...ft.					
What is the nearest source of possible contamination:					
Direction from well? SW How many feet? 475					
<b>LITHOLOGIC LOG</b>			<b>PLUGGING INTERVALS</b>		
FROM	TO		FROM	TO	
0	6"	ASPHALT			MW 10
6"	13	BRN SLTY CLY			#00079587
13	18	BRN SLT			Flush Mount
18	32	BRN - GY/BRN SLTY CLY			
32	40	F-C SAND/F GRVL			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>(1)</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 06-18-93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 507 This Water Well Record was completed on (mo/day/yr) 08-16-93 by signature Dale R. [Signature]					