

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: Saline		SW 1/4 SW 1/4 NW 1/4		12		T 14 S		R 3 EW			
Distance and direction from nearest town or city street address of well if located within city?											
604 North 9th											
2 WATER WELL OWNER:		Pepsi Cola Bottling									
RR#, St. Address, Box # :		604 North 9th									
City, State, ZIP Code :		Salina, Ks. 67401									
Board of Agriculture, Division of Water Resources Application Number:											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL.....35..... ft. ELEVATION: .....									
		Depth(s) Groundwater Encountered 1.....25..... ft. 2..... ft. 3..... ft.									
		WELL'S STATIC WATER LEVEL ..... ft. below land surface measured on mo/day/yr .....									
		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 5/8 in. to ..... 35..... 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 10 Monitoring well									
		Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was submitted									
		Water Well Disinfected? Yes.....No.....									
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 ..... 2..... in. to ..... 20..... 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											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement											
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 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											
7 Torch cut 10 Other (specify).....											
SCREEN-PERFORATED INTERVALS: From..... 20..... ft. to ..... 35..... ft., From..... ft. to ..... ft.											
GRAVEL PACK INTERVALS: From..... 18..... ft. to ..... 35..... ft., From..... ft. to ..... ft.											
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....											
Grout intervals: From..... 0..... ft. to ..... 16..... ft., From..... 16..... ft. to ..... 18..... 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 Fuel storage 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? southwest How many feet? 290											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
0		2		CLY, MOD BRN							
2		11		CLY, LT BRN, SL SLTY							
11		12		CLY, MOD BRN						MW6	
12		20		CLY, LT BRN, V SLTY						FLUSH COVER	
20		25		CLY, LT TO MOD BRN, SL SLTY							
25		30		CLY, MOD BRN, SL SLDY							
30		35		SND, MOD BRN, F TO M, CLYEY							
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) 07-16-93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 08-25-93 under the business name of GeoCore Services, Inc. by (signature) Doug Ray											
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send two 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.											