

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number														
County: SALINE	SE ¼ SE ¼ SW ¼	25	T 14 S	R 3 E/W															
Distance and direction from nearest town or city street address of well if located within city? 2342 QUINCY																			
2 WATER WELL OWNER: CLAYTON CORMIER RR#, St. Address, Box # : 205 E. RAY Board of Agriculture, Division of Water Resources City, State, ZIP Code : SALINA, KS. 67401 Application Number:																			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"><div>N</div><table border="1"><tr><td>I</td><td>I</td></tr><tr><td>-- NW --</td><td>-- NE --</td></tr><tr><td>I</td><td>I</td></tr><tr><td>-- SW --</td><td>-- SE --</td></tr><tr><td>I</td><td>I</td></tr><tr><td>X</td><td></td></tr><tr><td>S</td><td>E</td></tr></table><div>W</div></div>		I	I	-- NW --	-- NE --	I	I	-- SW --	-- SE --	I	I	X		S	E	4 DEPTH OF COMPLETED WELL: 60 ft. ELEVATION: 1240 Depth(s) Groundwater Encountered 1. @0 ft. 2. .ft. 3. .ft. WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr 10-4-90 Pump test data: Well water was 24 ft. after 1 hours pumping 30 gpm Est. Yield 75 gpm; Well water was .ft. after .hours pumping .gpm Bore Hole Diameter 9 in. to 60 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 X If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes X No			
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S	E																		
5 TYPE OF BLANK CASING USED: Blank casing diameter 5 in. to 50 ft., Dia .in. to .ft., Dia .in. to .ft. Casing height above land surface 14 in., weight 160 lbs./ft. Wall thickness or gauge No. SDR 26 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement SCREEN OR PERFORATION OPENINGS ARE: SCREEN-PERFORATED INTERVALS: From 50 ft. to 60 ft., From .ft. to .ft. GRAVEL PACK INTERVALS: From 23 ft. to 60 ft., From .ft. to .ft.																			
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From 0 ft. to 23 ft., From .ft. to .ft., From .ft. to .ft. What is the nearest source of possible contamination: Direction from well? WEST How many feet? 11																			
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS																			
0	3	TOP SOIL																	
3	21	CLAY																	
21	36	SAND																	
36	37	CLAY																	
37	60	MED. SAND & SMALL CREEK GRAVEL																	
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) 10-4-90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 388 This Water Well Record was completed on (mo/day/yr) 10-4-90 by signature [Signature]																			
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.																			