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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|-----------------------|
| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | Fraction                                                                                                                                                                                                                                                                  | Section Number | Township Number | Range Number          |
| County: <b>Saline</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      | <b>SE ¼ NE ¼ SE ¼</b>                                                                                                                                                                                                                                                     | <b>26</b>      | <b>T 14 S</b>   | <b>R 3 E</b>          |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>2222 South Ninth, Salina, Kansas</b>                                                                                                                                                                                                                                                                                                                                                                    |      |                                                                                                                                                                                                                                                                           |                |                 |                       |
| <b>2 WATER WELL OWNER:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      | <b>Warta Buick</b>                                                                                                                                                                                                                                                        |                |                 |                       |
| RR#, St. Address, Box # :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      | <b>2222 S. Ninth</b>                                                                                                                                                                                                                                                      |                |                 |                       |
| City, State, ZIP Code :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      | <b>Salina, Ks. 67401</b>                                                                                                                                                                                                                                                  |                |                 |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                  |                |                 |                       |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      | <b>4 DEPTH OF COMPLETED WELL:</b> <b>28</b> ft. <b>ELEVATION:</b> .....                                                                                                                                                                                                   |                |                 |                       |
| <p>N<br/>NW NE<br/>SW SE X<br/>S</p> <p>1 Mile W E</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | Depth(s) Groundwater Encountered 1. <b>18</b> ft. 2. .... ft. 3. .... ft.                                                                                                                                                                                                 |                |                 |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | WELL'S STATIC WATER LEVEL <b>18</b> ft. below land surface measured on mo/day/yr <b>06-14-93</b>                                                                                                                                                                          |                |                 |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | 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 <b>7 5/8</b> in. to <b>28</b> ft., and ..... in. to ..... ft.                                                                                                                                                                                          |                |                 |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | 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 <b>(10)</b> Monitoring well |                |                 |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | Was a chemical/bacteriological sample submitted to Department? Yes.....No..... <b>X</b> ....; If yes, mo/day/yr sample was submitted                                                                                                                                      |                |                 |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | Water Well Disinfected? Yes No <b>X</b>                                                                                                                                                                                                                                   |                |                 |                       |
| <b>5 TYPE OF BLANK CASING USED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | CASING JOINTS: Glued ..... Clamped .....                                                                                                                                                                                                                                  |                |                 |                       |
| 1 Steel      3 RMP (SR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      | 6 Asbestos-Cement      9 Other (specify below)      Welded .....                                                                                                                                                                                                          |                |                 |                       |
| <b>(2) PVC</b> 4 ABS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      | 7 Fiberglass      Threaded..... <b>X</b>                                                                                                                                                                                                                                  |                |                 |                       |
| Blank casing diameter <b>2</b> in. to <b>13</b> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                                                                                                           |                |                 |                       |
| Casing height above land surface <b>0</b> in., weight ..... lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                                                                                                                                                                                                                           |                |                 |                       |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | <b>(7) PVC</b> 10 Asbestos-cement                                                                                                                                                                                                                                         |                |                 |                       |
| 1 Steel      3 Stainless steel      5 Fiberglass      8 RMP (SR)      11 Other (specify) .....                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                                                                                                                                           |                |                 |                       |
| 2 Brass      4 Galvanized steel      6 Concrete tile      9 ABS      12 None used (open hole)                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                                                                                                                                                                                                                                           |                |                 |                       |
| <b>SCREEN OR PERFORATION OPENINGS ARE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      | 8 Saw cut      11 None (open hole)                                                                                                                                                                                                                                        |                |                 |                       |
| 1 Continuous slot <b>(3) Mill slot</b> 5 Gauzed wrapped      6 Wire wrapped      9 Drilled holes                                                                                                                                                                                                                                                                                                                                                                                                              |      |                                                                                                                                                                                                                                                                           |                |                 |                       |
| 2 Louvered shutter      4 Key punched      7 Torch cut      10 Other (specify) .....                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                                                                                                                                                                                                                                                           |                |                 |                       |
| <b>SCREEN-PERFORATED INTERVALS:</b> From <b>13</b> ft. to <b>28</b> ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                                                                                                                                                                                                                                                           |                |                 |                       |
| GRAVEL PACK INTERVALS: From <b>11</b> ft. to <b>28</b> ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                                                                                                                                                                                                                                           |                |                 |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                  |                |                 |                       |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement <b>(2) Cement grout</b> <b>(3) Bentonite</b> 4 Other .....                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                                                                                                                                                                                           |                |                 |                       |
| Grout intervals: From <b>0</b> ft. to <b>9</b> ft., From <b>9</b> ft. to <b>11</b> ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                                                                                                                                                                                                                           |                |                 |                       |
| <b>What is the nearest source of possible contamination:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | 10 Livestock pens      14 Abandoned water well                                                                                                                                                                                                                            |                |                 |                       |
| 1 Septic tank      4 Lateral lines      7 Pit privy <b>(11) Fuel storage</b> 15 Oil well/Gas well                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                                                                                                                                                                                           |                |                 |                       |
| 2 Sewer lines      5 Cess pool      8 Sewage lagoon      12 Fertilizer storage      16 Other (specify below)                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                           |                |                 |                       |
| 3 Watertight sewer lines      6 Seepage pit      9 Feedyard      13 Insecticide storage                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                                                                                                                                                                                                                                           |                |                 |                       |
| Direction from well? south                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      | How many feet? <b>350</b>                                                                                                                                                                                                                                                 |                |                 |                       |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TO   | LITHOLOGIC LOG                                                                                                                                                                                                                                                            | FROM           | TO              | PLUGGING INTERVALS    |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2    | CLY, DK GY/BRN, SILTY                                                                                                                                                                                                                                                     |                |                 |                       |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7    | SILTY, GY/BRN, SILTY                                                                                                                                                                                                                                                      |                |                 |                       |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 18.5 | CLY, BRN, SILTY                                                                                                                                                                                                                                                           |                |                 |                       |
| 18.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 28   | CLY, RD/BRN, SILTY                                                                                                                                                                                                                                                        |                |                 |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                                                                                                                                                                                                                           |                |                 |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                                                                                                                                                                                                                           |                |                 |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                                                                                                                                                                                                                           |                |                 | MW10                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                                                                                                                                                                                                                           |                |                 | Flush mount cover     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                                                                                                                                                                                                                           |                |                 | KDHE site id 00080594 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                                                                                                                                                                                                                           |                |                 |                       |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>(1)</b> constructed, <b>(2)</b> reconstructed, or <b>(3)</b> plugged under my jurisdiction and was completed on (mo/day/year) <b>05-21-93</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>527</b> This Water Well Record was completed on (mo/day/yr) <b>07-01-93</b> under the business name of <b>GeoCore Services, Inc.</b> by (signature) <i>[Signature]</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.                                                                                                                                               |      |                                                                                                                                                                                                                                                                           |                |                 |                       |