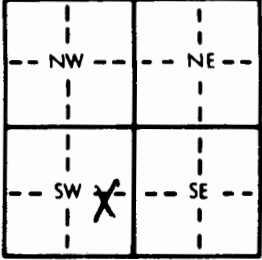


1 LOCATION OF WATER WELL: County: <b>SALINE</b>		Fraction: <b>SE 1/4 NE 1/4 SW 1/4</b>	Section Number: <b>36</b>	Township Number: <b>T 14 S</b>	Range Number: <b>R 3 E</b>
Distance and direction from nearest town or city street address of well if located within city? <b>511 Gail Dr</b>					
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code : <b>511 GAIL DR SALINA KANSAS 67401</b>			Board of Agriculture, Division of Water Resources Application Number: <b>1240</b>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>		4 DEPTH OF COMPLETED WELL: <b>58</b> ft. ELEVATION: <b>1240</b> Depth(s) Groundwater Encountered 1. <b>25</b> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <b>26</b> ft. below land surface measured on mo/day/yr <b>5-21-92</b> Pump test data: Well water was <b>26</b> ft. after <b>1/2</b> hours pumping <b>15</b> gpm Est. Yield <b>35</b> gpm Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>8 1/2</b> in. to <b>32</b> ft. and <b>5 1/2</b> in. to <b>58</b> ft. WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial <b>(7) Lawn and garden only</b> 10 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 <b>X</b> No _____			
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <b>X</b> Clamped _____ <b>(2) PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter <b>5</b> in. to <b>48</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface <b>20</b> in. weight <b>160 lb</b> lbs./ft. Wall thickness or gauge No. <b>SDR26</b> 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) _____ 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <b>(3) Mill slot</b> 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 <b>48</b> ft. to <b>58</b> ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <b>21</b> ft. to <b>58</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <b>(1) Neat cement</b> 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From <b>0</b> ft. to <b>21</b> 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 <b>(3) Watertight sewer lines</b> 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____ Direction from well? <b>West + North</b> How many feet? <b>24 + 25</b>					
FROM TO LITHOLOGIC LOG			FROM TO PLUGGING INTERVALS		
0'	5'	Compacted dirt +			
5'	13'	Fine SAND + clay			
13'	16'	fine mixed SAND			
16'	32'	clay (BROWN)			
32'	58'	medium to coarse SAND + Gravel			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1)</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>5-22-92</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>523</b> This Water Well Record was completed on (mo/day/yr) <b>5-22-92</b> under the business name of <b>M+D Well Service</b> by (signature) <b>Matthew Lourey</b>					