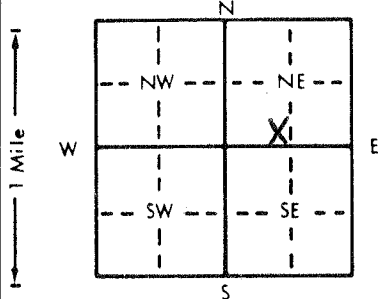


1	LOCATION OF WATER WELL: County: <b>Saline</b>	Fraction <b>SE</b> $\frac{1}{4}$ <b>SW</b> $\frac{1}{4}$ <b>NE</b> $\frac{1}{4}$	Section Number <b>34</b>	Township Number <b>T 14 S</b>	Range Number <b>R 3 W</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**Centennial and Lucas Road, Salina, Kansas**


2	WATER WELL OWNER:	Salina Airport Authority	
	RR#, St. Address, Box # :	3237 Arnold Ave.	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code :	Salina, Kansas 67401	Application Number:

3	LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF COMPLETED WELL.....	23	ft. ELEVATION: .....	1240
			Depth(s) of Groundwater Encountered: 1	ft. 2	ft. 3	1010101 ft.



4. DEPTH OF COMPLETED WELL..... 25 ..... ft. ELEVATION:..... 1240 .....  
 Depth(s) Groundwater Encountered 1. 8.3 ..... ft. 2. .... ft. 3. .... 12/12/94 ..... 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: 8 Well water was 20 ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter ..... in. to ..... 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 sub-  
 mitted Water Well Disinfected? Yes No X

5	TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued . . . . . Clamped . . . . .
	1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded . . . . .
	2 PVC	4 ABS	7 Fiberglass		Threaded . . . . . X

Blank casing diameter . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to **Sch. 40** . . . . . ft.  
Casing height above land surface . . . . . in., weight  . . . . . lbs./ft. Wall thickness or gauge No. . . . .

TYPE OF SCREEN OR PERFORATION MATERIAL:			9 PVC	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)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	6 Wire wrapped	9 Drilled holes	
3 Mill slot	7 Torch cut	10 Other (specify) .....	
4 Key punched			

SCREEN-PERFORATED INTERVALS: From 8 ft. to 23 ft., From ft. to ft.

From ft. to 23 ft., From ft. to ft.

GRAVEL PACK INTERVALS: From 6 ft. to 23 ft., From ft. to ft.

From ft. to ft., From ft. to ft.

6. GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  
Grout Intervals: From 0 ft. to 4 ft. From 4 ft. to 6 ft. From 6 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	Fertilizer tank

700 .....

Direction from well?		How many feet?
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[illegible]

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) 12/8/94 527 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. GeoCore Services, Inc. This Water Well Record was completed on (mo/day/yr) 12/11/94 under the business name of by (signature) Dale Rohlf