

1 LOCATION OF WATER WELL: County: <b>Saline</b>		Fraction <b>SW ¼ SW ¼ NE ¼</b>	Section Number <b>34</b>	Township Number <b>T 14 S</b>	Range Number <b>R 3 W E/W</b>
Distance and direction from nearest town or city street address of well if located within city? <b>Centennial and Lucas Road</b>					
2 WATER WELL OWNER: <b>Salina Airport Authority</b> RR#, St. Address, Box # : <b>3237 Arnold Ave.</b> City, State, ZIP Code : <b>Salina, Kansas 67401</b>		Board of Agriculture, Division of Water Resources Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center; margin-top: 10px;">N --- NW --- NE ---     W X E     --- SW --- SE --- S</div>		4 DEPTH OF COMPLETED WELL: <b>20</b> ft. ELEVATION: <b>1240</b> Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft. WELL'S STATIC WATER LEVEL ..... <b>9.1</b> ft. below land surface measured on mo/day/yr <b>12/12/94</b> Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield <b>NA</b> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm Bore Hole Diameter: <b>8</b> in. to <b>20</b> 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 <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>			
5 TYPE OF BLANK CASING USED: <b>(2)</b> Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped ..... <b>(2)</b> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded ..... Blank casing diameter ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft. Casing height above land surface: <b>29.9</b> in., weight ..... lbs./ft. Wall thickness or gauge No. <b>Sch. 40</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>(2)</b> 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 ..... <b>5</b> ft. to ..... <b>20</b> ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From ..... <b>4</b> ft. to ..... <b>20</b> ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL: 1 Neat cement <b>(2)</b> Cement grout <b>(2)</b> Bentonite 4 Other ..... Grout Intervals: From ..... <b>0</b> ft. to ..... <b>3</b> ft., From ..... <b>3</b> ft. to ..... <b>4</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 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage <b>(1)</b> Other (specify below) <b>Fertilizer tank</b> Direction from well? <b>N</b> How many feet? <b>700</b>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<b>0</b>	<b>3</b>	<b>Clay, Dark brown</b>			<b>MW1</b>
<b>3</b>	<b>8</b>	<b>Clay, Light gray with red rust stain</b>			<b>GeoCore # 144191 Above-ground Cover</b>
<b>8</b>	<b>20</b>	<b>Clay, Moderate gray brown</b>			<b>SAA # Centennial</b>
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>12/7/94</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>12/12/94</b> under the business name of <b>GeoCore Services, Inc.</b> by (signature) <b>Dale Rott</b>					
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.					