

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Saline</b>	<b>SW 1/4 NE 1/4 NW 1/4</b>	<b>13</b>	<b>T 14 S</b>	<b>R 3 W E/W</b>

Distance and direction from nearest town or city street address of well if located within city?

**S.W. Corner of 3rd and Walnut Salina, KS**

2 WATER WELL OWNER:	<b>This &amp; That Lamps &amp; Shades</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # :	<b>618 E. Republic</b>	Application Number:
City, State, ZIP Code :	<b>Salina, Kansas 67401</b>	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <b>40</b> ft. ELEVATION: <b>1224</b>
	Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.
	WELL'S STATIC WATER LEVEL . . . . . <b>30.3</b> ft. below land surface measured on mo/day/yr . . . . . <b>11/29/94</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>40</b> ft. and . . . . . in. to . . . . . ft.
WELL WATER TO BE USED AS:	
1 Domestic      3 Feedlot      5 Public water supply      8 Air conditioning      11 Injection well 2 Irrigation      4 Industrial      6 Oil field water supply      9 Dewatering      12 Other (Specify below) 7 Lawn and garden only      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 . . . . . No . . . . . <b>X</b>	

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)
<b>2 PVC</b>	4 ABS	7 Fiberglass	10 Asbestos-cement
Blank casing diameter . . . . . <b>2</b> in. to . . . . . <b>25</b> ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.			11 Other (specify)
Casing height above land surface . . . . . <b>-3.4</b> in., weight . . . . . lbs./ft. Wall thickness or gauge No. . . . . <b>Sch. 40</b>			12 None used (open hole)
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
SCREEN OR PERFORATION OPENINGS ARE:			
1 Continuous slot	<b>3 Mill slot</b>	5 Gauzed wrapped	8 Saw cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes
SCREEN-PERFORATED INTERVALS:			
From . . . . . <b>25</b> ft. to . . . . . <b>40</b> ft., From . . . . . ft. to . . . . . ft.			
GRAVEL PACK INTERVALS:			
From . . . . . <b>23</b> ft. to . . . . . <b>40</b> ft., From . . . . . ft. to . . . . . ft.			

6 GROUT MATERIAL:	1 Neat cement	<b>2 Cement grout</b>	<b>3 Bentonite</b>	4 Other . . . . .
Grout Intervals: From . . . . . <b>0</b> ft. to . . . . . <b>21</b> ft., From . . . . . <b>21</b> ft. to . . . . . <b>23</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>16 Other (specify below)</b>
				<b>UST</b>
Direction from well? <b>Northwest</b>				How many feet? <b>150</b>

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Clay, Dark Brown			MW3
2	4	Clay, Dark Brown			GeoCore # 114118      Flush-mount Cover
4	7	Clay, Light Brown, Slight Orange Tint			KDHE # 05085854      Tag # 00111764
7	15	Clay, Medium Brown, Slight Orange Tint			
15	18	Clay, Medium Brown			
18	21	Clay, Medium Brown, Slight Orange Tint			
21	22	Clay, Medium Brown, Slightly Orange			
22	30.5	Clay, Light Brown, Slightly Orange			
30.5	32	Silt, Light Gray			
32	35	Sand, Medium Gray			
35	40	Sand, Medium Gray			

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>11/29/94</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>12/14/94</b> . . . . . under the business name of <b>GeoCore Services, Inc.</b> by (signature) <i>Dale A. Ball</i>
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\* 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.