

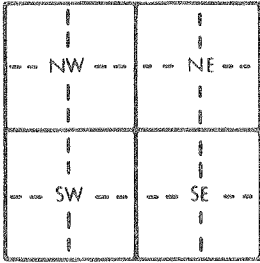
1 LOCATION OF WATER WELL: County: **SALINE** Fraction: **NE 1/4 NE 1/4 NE 1/4** Section Number: **11** Township Number: **T 14 S** Range Number: **R 3 E 10**

Distance and direction from nearest town or city street address of well if located within city?
817 N. 9th SALINE KS.

2 WATER WELL OWNER: **TOWN & COUNTRY MARKETS** RR#, St. Address, Box #: **P.O. Box 17087** City, State, ZIP Code: **WICHITA KS. 67217**

Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **30** ft. ELEVATION: **1220.44**

Depth(s) Groundwater Encountered 1. **25** ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL **22** ft. below land surface measured on mo/day/yr **3/27/95**

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 **8.5** in. to **30** ft., and in. to ft.

WELL WATER TO BE USED AS:

1 Domestic	3 Feedlot	6 Oil field water supply	9 Dewatering	11 Injection well
2 Irrigation	4 Industrial	7 Lawn and garden only	10 Monitoring well	12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes No ☒ If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes ☒ No

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass	

CASING JOINTS: Glued Clamped Welded Threaded ☒

Blank casing diameter **2** in. to **15** ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface **21** ft., weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

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	3 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 **15** ft. to **30** ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **13** ft. to **30** ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From **10** ft. to **11** ft., From **11** ft. to **13** 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	16 Other (specify below)
			13 Insecticide storage	

Direction from well? **NORTH - NORTHWEST** How many feet? **125**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	TOP SOIL			
1	17.5	SILTY CLAY			
17.5	24.5	SAND			
24.5	30	SILTY CLAY			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) **3/23/95** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **5608** This Water Well Record was completed on (mo/day/yr) **5/17/95** under the business name of **MAX'S ENTERPRISES** by (signature) *David Hargrave*

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.