

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Saline</u>		NW ¼ SW ¼ SE ¼	<u>5</u>	T 15 S	R 2 E/W
Distance and direction from nearest town or city street address of well if located within city? <u>5 miles South of Salina, Ks on Hwy 81 from Crawford St & 2 miles East</u>					
2 WATER WELL OWNER: <u>Bessie Wauhob</u>					
RR#, St. Address, Box # : <u>2281 Water Well Rd</u>					
City, State, ZIP Code : <u>Salina, Kansas 67401</u>					
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. <u>49</u> ft. ELEVATION: _____ ft.			
		Depth(s) Groundwater Encountered 1. <u>24</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>23</u> ft. below land surface measured on mo/day/yr <u>8 / 24 / 94</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>15</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>9</u> in. to <u>49</u> 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 * _____. If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes * _____. No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <u>5</u> in. to <u>49</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		Casing joints: Glued * _____ Clamped _____			
Casing height above land surface <u>19</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>214</u>		Welded _____ Threaded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 Torch cut	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot		3 Mill slot		6 Wire wrapped	
2 Louvered shutter		4 Key punched		7 Drilled holes	
				8 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:		From <u>45</u> ft. to <u>49</u> ft.		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From <u>23</u> ft. to <u>49</u> ft.		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
Grout Intervals: From <u>3</u> ft. to <u>23</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
Direction from well? <u>WEST NORTHWEST</u>				How many feet? <u>110</u>	
FROM		TO		LITHOLOGIC LOG	
0		8		DARK TOP SOIL	
8		17		LITE BROWN CLAY	
17		27		FINE SAND	
27		49		SAND	
FROM		TO		PLUGGING INTERVALS	
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) <u>8 / . 24 / . 94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>397</u> . This Water Well Record was completed on (mo/day/yr) <u>9 / 2 / . 94</u> under the business name of <u>CENTRAL KANSAS DRILLING</u> by (signature) <u>[Signature]</u>					
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.					