

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Saline		SW ¼ SE ¼ NW ¼		1		T 15 S		R 3 E/W	
Distance and direction from nearest town or city street address of well if located within city?									
304 Avenue B, Salina, Kansas									
2 WATER WELL OWNER: El Dorado National									
RR#, St. Address, Box # : 304 Avenue B					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 . . . . . 20 . . . . . ft ELEVATION: . . . . . 1246.54							
N W X SW SE S W E		Depth(s) Groundwater Encountered 1. . . . . ft 2. . . . . ft 3. . . . . ft WELL'S STATIC WATER LEVEL . . . 15.62 . . . ft below land surface measured on mo/day/yr . . . 11/19/98 . . . Pump test data: Well water was . . . NA . . . ft after . . . . . hours pumping . . . . . gpm Est. Yield . . . NA . . . gpm: Well water was . . . . . ft after . . . . . hours pumping . . . . . gpm Bore Hole Diameter . . . 8 . . . in. to . . . 20 . . . 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 8 Concrete tile CASING JOINTS: Glued . . . . . Clamped . . . . . 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded . . . . . 7 Fiberglass Threaded. ✓									
Blank casing diameter . . . . . 2 . . . . . in. to . . . . . 10 . . . . . ft, Dia . . . . . in. to . . . . . ft, Dia . . . . . in. to . . . . . ft Casing height above land surface . . . . . -3.84 . . . . . in., weight . . . . . Sch 40 . . . . . lbs./ft. Wall thickness or gauge No. . . . .									
TYPE OF SCREEN OR PERFORATION MATERIAL									
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) . . . . . 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 . . . . . 10 . . . . . ft to . . . . . 20 . . . . . ft, From . . . . . ft to . . . . . ft From . . . . . ft to . . . . . ft, From . . . . . ft to . . . . . ft GRAVEL PACK INTERVALS: From . . . . . 9 . . . . . ft to . . . . . 20 . . . . . 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 . . . . . 7 . . . . . ft, From . . . . . 7 . . . . . ft to . . . . . 9 . . . . . 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) Former Tank Basin Direction from well? On top of How many feet? 0									
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
0 0.5 Gravel									
0.5 8 Sand, Orange Brown									
8 14 Clay, Gray/Brown									
14 16 Sand, Dark Gray									
16 18 Sand, Dark Gray to Gray									
18 20 Sand, Gray									
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) . . . . . 11/4/98 . . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . . 527 . . . . . This Water Well Record was completed on (mo/day/yr) . . . . . 11/23/98 . . . . . under the business name of GeoCore Services, Inc. by (signature) Sub Bell									
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: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.									