

1 LOCATION OF WATER WELL:		Fraction	Pump WVS-5	RSA GZA-TZT2	
County: Saline	SE ¼ SW ¼ SE ¼	Section Number 7	Township Number T 15 S	Range Number R 3 E/W	
Distance and direction from nearest town or city street address of well if located within city? 4292 S. Burma Road, Salina					
2 WATER WELL OWNER: City of Salina					
RR#, St. Address, Box # : 300 West Ash		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 30 . . . ft. ELEVATION:			
<p>A section box diagram showing four quadrants labeled NW, NE, SW, and SE. The bottom-right quadrant (SE) contains an 'X'. To the left of the diagram are vertical arrows pointing up and down, labeled 'N' at the top and 'S' at the bottom. To the right of the diagram are horizontal arrows pointing left and right, labeled 'W' on the left and 'E' on the right.</p>		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL . . . 16.29 . . . ft. below land surface measured on mo/day/yr . . . 10/26/2007			
		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 . . . 30 . . . 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	
(2) PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	
			7 Fiberglass	CASING JOINTS: Glued Clamped	
Blank casing diameter . . . 2 . . . in. to . . . 20 . . . ft. Dia . . . in. to . . . ft. Dia . . . in. to . . . ft.				Welded Threaded. ✓	
Casing height above land surface . . . approx. 36 . . . in., weight . . . lbs./ft. Wall thickness or gauge No. . . Sch. 40					
TYPE OF SCREEN OR PERFORATION MATERIAL					
1 Steel		3 Stainless steel	5 Fiberglass	(7) PVC	
2 Brass		4 Galvanized steel	6 Concrete tile	8 RMP (SR)	
			9 ABS	10 Asbestos-cement	
				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	
2 Louvered shutter		4 Key punched	6 Wire wrapped	11 None (open hole)	
			7 Torch cut	9 Drilled holes	
				10 Other (specify)	
SCREEN-PERFORATED INTERVALS: From . . . 20 . . . ft. to . . . 30 . . . ft., From . . . ft. to . . . ft.					
From . . . ft. to . . . ft., From . . . ft. to . . . ft.					
GRAVEL PACK INTERVALS: From . . . 18 . . . ft. to . . . 30 . . . 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 . . . 16 . . . ft., From . . . 16 . . . ft. to . . . 18 . . . 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	
2 Sewer lines		5 Cess pool	8 Sewage lagoon	11 Fuel storage	
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				(16) Other (specify below)	
				Landfill	
Direction from well?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil,	30	18	10/20 sand
2	13	Clay, Light Brown	18	16	3/8" bentonite chips
13	16	Clay, Grayish-Brown	16	0	Portland Type 1 cement grout
16	20	Sand (f), Gray to Light Brown			
20	25	Clay, Brown			
25	30	Clay, silty, Grayish-Brown			
					MW25 , Stick up
					Project Name: Salina Landfill
					GeoCore # 1418 , #
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) . . . 10/22/2007 . . . 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) . . . 1/25/2008 . . . under the business name of GeoCore, Inc. by (signature) <i>[Signature]</i>					
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.					

OFFICE USE ONLY

+

五

EW

SEC

 $\frac{1}{2}$ $\frac{1}{k}$ $\frac{1}{2}$