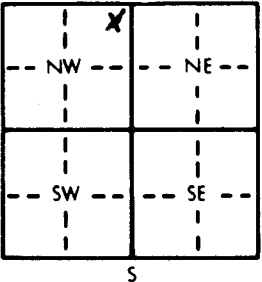


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Saline</u>		NE 1/4 NE 1/4 NW 1/4	3	T 15 S	R 3 E/W
Distance and direction from nearest town or city street address of well if located within city? <u>3119 Arnold, Salina, Kansas</u>					
CORRECTED COPY					
2 WATER WELL OWNER: <u>Pony Express Courier Corp</u> RR#, St. Address, Box #: <u>Bldg. 217, 3119 Arnold</u> City, State, ZIP Code: <u>Salina, Kansas 67401</u> <div style="text-align: right;">Board of Agriculture, Division of Water Resources Application Number:</div>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>13</u> ft. ELEVATION: _____ ft.			
<div style="text-align: center;">N W E S</div> 		Depth(s) Groundwater Encountered 1. <u>6</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>6.86</u> ft. below land surface measured on mo/day/yr <u>6-14-91</u>			
		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 <u>7.5/8</u> in. to <u>13</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 <u>10 Monitoring well</u>					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>✓</u> If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes _____ No <u>✓</u>					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____	
<u>2 PVC</u> 4 ABS		6 Asbestos-Cement 9 Other (specify below)		Welded _____	
7 Fiberglass				Threaded <u>✓</u>	
Blank casing diameter <u>2</u> in. to <u>3</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>0</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>Sch 40</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR)		10 Asbestos-cement			
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS		11 Other (specify) _____			
		12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot <u>3 Mill slot</u> .010		5 Gauzed wrapped 8 Saw cut 11 None (open hole)			
2 Louvered shutter 4 Key punched 7 Torch cut		6 Wire wrapped 9 Drilled holes			
		10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>13</u> ft. to <u>3</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>13</u> ft. to <u>2.5</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <u>1 Neat cement</u> 2 Cement grout <u>3 Bentonite</u> 4 Other _____					
Grout Intervals: From <u>2.5</u> ft. to <u>1</u> ft., From <u>1</u> ft. to <u>0 (cement)</u> 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		11 Fuel storage 15 Oil well/Gas well			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage <u>16 Other</u> (specify below)					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage <u>Underground fuel storage site</u>					
Direction from well? <u>E-SE</u> How many feet? <u>100</u>					
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
0 .5	Asphalt				
.5 2	Fill - sand & gravel				MW 2
2 5	Clay - silty, dk. gray				
5 7	Clay - silty, greenish blue				Completed at the surface with a
7 9	Clay - silty, blue-gray				bolt down steel protective manhole
9 11	Clay - silty, brown, moist				cover set in concrete. Well
11 13	Clay - sandy, silty, reddish brown				sealed with a watertight
	med. gravel				expandable locking cap
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6-7-91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> This Water Well Record was completed on (mo/day/yr) <u>6-18-91</u> under the business name of <u>GeoCore Services, Inc.</u> by (signature) <u>Dale A. Roll</u>					
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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