

1) LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Saline</u>		<u>SW 1/4 NW 1/4 SE 1/4</u>	<u>3</u>	<u>T 15 S</u>	<u>R 3 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2000 feet west of Centennial and 500 feet south of Wall St., Salina, Kansas</u>					
2) WATER WELL OWNER: <u>Salina Airport Authority</u> RR#, St. Address, Box #: <u>3237 Arnold Ave.</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>24</u> ft. ELEVATION: _____			
<div><div>1 Mile</div><div><div>N</div><div>W</div><div>E</div><div>S</div><div><div>NW</div><div>NE</div><div>SW</div><div>SE</div><div>X</div></div></div></div>		Depth(s) Groundwater Encountered 1. <u>dry</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>dry</u> ft. below _____ measured on <u>08-09-94</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>24</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</u> Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>			
5) TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____			
1 Steel 3 RMP (SR) <u>2</u> PVC 4 ABS		5 Wrought iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass			
Blank casing diameter <u>2</u> in. to <u>14</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		Casing height above land surface <u>+30</u> in. weight _____ lbs./ft. Wall thickness or gauge No. <u>sch. 40</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:		<u>7</u> PVC 10 Asbestos-cement 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:		5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot <u>3</u> Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>14</u> ft. to <u>24</u> ft. From _____ ft. to _____ ft.		From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>12</u> ft. to <u>24</u> ft. From _____ ft. to _____ ft.		From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
6) GROUT MATERIAL: 1 Neat cement <u>2</u> Cement grout <u>3</u> Bentonite 4 Other _____		Grout Intervals: From <u>0</u> ft. to <u>10</u> ft. From <u>10</u> ft. to <u>12</u> ft. From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well <u>2</u> Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage			
Direction from well? <u>East</u>		How many feet? <u>400</u>			
FROM TO LITHOLOGIC LOG		FROM TO		PLUGGING INTERVALS	
0	4	Clay, mod brn, v slty, soft, 1 plst, dry, damp			
4	14	Clay, mod rd/brn, tr blk org stain, tr calc mat, stiff, med plst, damp			
14	19	Clay, mod rd/brn, firm, med plst, mod snd and f - m grvl, moist			
19	24	Shale, lt gn, tr wh calc mat			
24	-	Shale, gy/brn, wthrd, tr wh calc mat			
				MW1 - Above Grade Cover	
7) CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>08-09-94</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>08-16-94</u> under the business name of <u>GeoCore Services, Inc.</u> by (signature) <u>Doug Ray</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.					