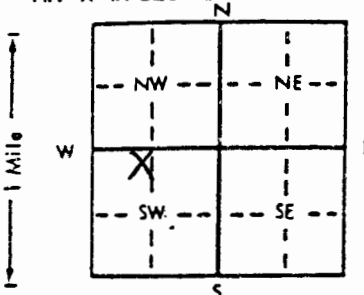


1) LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Saline		NE ¼ NW ¼ SW ¼	7	T 15 S	R 3 E W

## Salina Landfill

Board of Agriculture, Division of Water Resource  
Application Number:

4 DEPTH OF COMPLETED WELL ..... 35 ..... ft ELEVATION: ..... 1335



Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.

WELL'S STATIC WATER LEVEL ..... 26. .... ft. below land surface measured on mo/day/yr

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 ..... 8. .... in. to ..... 35. .... ft., and ..... in. to ..... ft.

WELL WATER TO BE USED AS:

1 Domestic	3 Feedlot	6 Oil field water supply	9 Dewatering	11 Injection well
2 Irrigation	4 Industrial	7 Lawn and garden only	10 Monitoring well	12 Other (Specify below)

..... Piezometer

Was a chemical/bacteriological sample submitted to Department? Yes.....No.....X.....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes No X

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. . . . . X

Blank casing diameter . . . . . 2 in. to 20 ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.

Casing height above land surface . . . . . 30 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	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) . . . . .
			9 ABS	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 . . . . . 20 ft. to . . . . . 35 ft., From . . . . . ft. to . . . . . ft.

GRAVEL PACK INTERVALS: From . . . . . 18 ft. to . . . . . 35 ft., From . . . . . ft. to . . . . . ft.

5] 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 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)  
Landfill  
13 Insecticide storage  
Direction from well? East How many feet? 200

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	11.5	Cly, w/ snd, dk brn, plstc, fine grvl w/ oxidized yell-brn, org. mat.			
11.5	16	Snd w/ cly, moist yell-brn oxidize org, slightly plstc - non plstc			
16	18	Cly w/ snd			
18	20	Snd w/ silt and cly fine subang grvls			
20	35	Cly w/ snd, snd stringers 1-3"			
					P6 - Aboveground

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) 09-20-94 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) 11-16-94 under the business name of GebCore Services, Inc. by (signature) [Signature]

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.