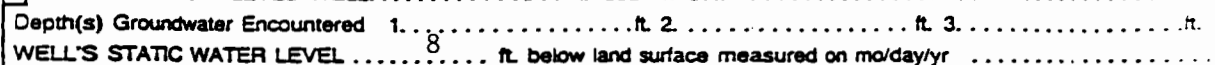


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Saline	SW ¼ SW ¼ SE ¼	7	T 15 S	R 3 E (W)

Salina Landfill

Board of Agriculture, Division of Water Resource
Application Number:

4 DEPTH OF COMPLETED WELL 52 ft. ELEVATION: 1305



	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.....in. toft., andin. toft.

WELL WATER TO BE USED AS:			
1 Domestic	5 Public water supply	8 Air conditioning	11 Injection well
2 Feedlot	6 Oil field water supply	9 Geothermal	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.....X....; If yes, mo/day/yr sample was submitted

5	TYPE OF BLANK CASING USED:
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5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded
2 PVC	4 ABS	7 Fiberglass		Threaded

Blank casing diameter 4 in. to 52 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	8 RMP (SR)	10 Adhesive 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	3 Mill slot	5 Gases wrapped	8 Saw cut	11 Holes (specify)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From 42 ft. to 52 ft., From ft. to ft.

From ft. to ft. From ft. to ft.

GRAVEL PACK INTERVALS: From 40 ft. to 54 ft. From ft. to ft.
From ft. to ft. From ft. to ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout intervals: From ft. to ft., From ft. to 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. Sump pump	5. Storm drain	8. Sewer main	11. Fuel storage	15. Oil well/Gas well
3. Sump tank	6. Crawl space	9. Sump tank	12. Gasoline storage	

1. Septic tank
2. Sewer lines
3. Watertight sewer lines
4. Cess pool
5. Seepage pit
6. Sewage lagoon
7. Feedyard
8. Fertilizer storage
9. Insecticide storage
10. Fuel storage
11. Other (specify below)
Landfill

Direction from well?	North	How many feet?	1500
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	Snd u/ cly. well brn			

0	6	Snd w/ cly, yell bin			
6	8	Cly w/ snd, plstc			

8	23	Snd w/ cly, stringers of gry to blk		
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		clays			
23	30	Clay w/ and org nod			

25	30	Clay w/ sand, org mod			
30	36	Snd w/ silt and clay			

36	38	Clay w/ snd			
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38	40	Sndy clay		
40	42	Sndy silt		

40	43	Snd w/ slit			
43	50	Clv w/ snd stringers			

50	52	Shale			
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					MU15 = Aboveground
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					MW15 - Aboveground
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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) 10-28-94 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/year) 11-16-94

under the business name of **GebCore Services, Inc.** by (signature) *Don 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 Geology and Mineral Resources, 1401 Riley, Topeka, Kansas 66612. Send one to WATER WELL OWNER and retain one for your records.

of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-236-5545. Send one to WATER WELL OWNER and retain one for your records.

1. *Journal of the American Medical Association*, 1997; 278: 1039-1044.