

1 LOCATION OF WATER WELL
 County: SALINE X fraction SW 1/4 SW 1/4 SE 1/4 Section Number 17 Township Number T 13 S Range Number R 2 SW
 Distance and direction from nearest town or city? 3 mi. N. + 1 1/2 EAST OF SALINA. Street address of well if located within city?

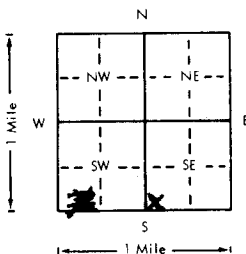
2 WATER WELL OWNER: ROBERT NEISES
 RR#, St. Address, Box #: Rt. 2 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: SALINA Ks. Application Number:

3 DEPTH OF COMPLETED WELL: 44 1 ft. Bore Hole Diameter: 8 in. to 44 ft. and _____ in. to _____ ft.
 Well Water to be used as:
 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well
 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)
 10 Observation well
 Well's static water level: 9 ft. below land surface measured on _____ month 22 day 80 year
 Pump Test Data: Well water was 20 ft. after 1 1/2 hours pumping 10 gpm
 Est. Yield 15 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Casing Joints: Glued Clamped
 PVC 4 ABS 7 Fiberglass _____ Welded _____
 _____ Threaded _____
 Blank casing dia: 4 in. to 24 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface: 20 in., weight 2.1 lbs./ft. Wall thickness or gauge No. 2.15
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 12 None used (open hole)
 Screen or Perforation Openings Are:
 Continuous slot Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia: 4 in. to 44 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 24 ft. to 44 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 15 ft. to 44 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

5 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From 5 ft. to 15 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 13 Watertight sewer lines
 Direction from well: NW How many feet 60 ? Water Well Disinfected? Yes No
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample _____
 was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No
 If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month 22 day 80 year _____
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 138
 This Water Well Record was completed on _____ month 13 day 80 year under the business name of PETERSON IRRIGATION INC. by (signature) Mark Peterson

X LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

 FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG
0 5 Top Soil
5 14 BROWN CLAY
14 28 BROWN SANDY CLAY
28 40 BROWN CLAY WITH SMALL LAYERS OF FINE SAND
40 44 GRAY SHALE

ELEVATION:
 Depth(s) Groundwater Encountered 1. 2.8 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
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 13
 R
 2
 FWD
 SEC.
 17
 SW 1/4 SW 1/4 SE 1/4