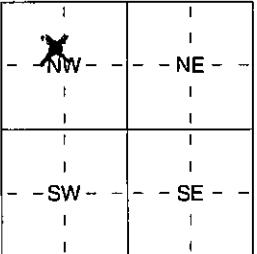


1 LOCATION OF WATER WELL: Fraction **near 1/4 center 1/4 NW 1/4** Section Number **31** Township Number **T 14 S** Range Number **R 2 EW**  
 County: **Saline**

Distance and direction from nearest town or city street address of well if located within city?  
**In city limits, 1314 Lakeview Dr., Salina, KS**

2 WATER WELL OWNER: **Kelly Dunn Construction**  
 RR#, St. Address, Box # : ~~1210 Courtney Dr.~~ **2550 Dundee Lane** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Salina, KS 67401** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 4 DEPTH OF COMPLETED WELL **50** ft. ELEVATION:  
 Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft.  
 WELL'S STATIC WATER LEVEL **13** ft. below land surface measured on mo/day/yr **3/28/03**  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield **20** gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 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  Domestic (lawn & garden) 10 Monitoring well  
 Was a chemical/bacteriological sample submitted to Department? Yes ..... No ; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes  No

5 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued  Clamped .....  
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....  
 7 Fiberglass Threaded .....  
 Blank casing diameter **5** in. to **40** ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface **12** in., weight **2.37** lbs./ft. Wall thickness or gauge No. **214**  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  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:  
 1 Continuous slot  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) ..... ft.  
 SCREEN-PERFORATED INTERVALS: From **40** ft. to **50** ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From **20** ft. to **50** ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout  Bentonite 4 Other .....  
 Grout Intervals: From **0** ft. to **20** 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 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)  
 13 Insecticide storage  
 Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	21	Clay, gray			
21	47	Sand, medium			
47	50	Shale, gray			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **4/1/03** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No **138** This Water Well Record was completed on (mo/day/yr) **4/24/03** under the business name of **Peterson Irrigation, Inc.** by (signature) *Mike Peterson*

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.