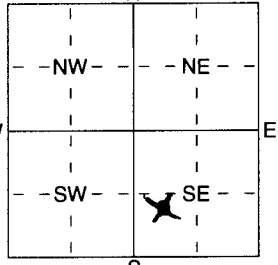


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: **Saline** NE ¼ SW ¼ SE ¼ **30** T **14** S R **2** **X/W**
 Distance and direction from nearest town or city street address of well if located within city?
In city limits -2243 Redhawk, Salina, KS

2 WATER WELL OWNER: **Mr. Darnell**
 RR#, St. Address, Box # : **2243 Redhawk** 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 **54** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft.
 WELL'S STATIC WATER LEVEL **14** ft. below land surface measured on mo/day/yr **10/6/03**
 Pump test data: Well water was ft. after hours pumping gpm
 Est. Yield **50** 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 **X** Domestic (lawn & garden) 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes No **X**; If yes, mo/day/yr sample was sub-
 mitted Water Well Disinfected? Yes **X** No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
X PVC 4 ABS 7 Fiberglass Threaded
 Blank casing diameter **5** in. to **4.4** ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface **1.2** in., weight lbs./ft. Wall thickness or gauge No.
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 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 **X** Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ft.
 SCREEN-PERFORATED INTERVALS: From **44** ft. to **54** ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **54** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **X** 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: 10 Livestock pens 14 Abandoned water well
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
X Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage
 Direction from well? **South** How many feet? **80**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	9	Clay, tan			
9	26	Clay, gray, silty			
26	50	Sand, fineto medium			
50	54	Shale, gray			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (**X** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **10/8/03** 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) **10/9/03** under the business name of **Peterson Irrigation, Inc.** by (signature) *Mike Peters*

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.