

1 LOCATION OF WATER WELL
 County: SALINE Fraction NW 1/4 NW 1/4 NE 1/4 Section Number 16 Township Number T 14 S Range Number R 2

Distance and direction from nearest town or city? _____ Street address of well if located within city? 49A E. Country Club Rd.

2 WATER WELL OWNER: DELMAR SANDOW
 RR#, St. Address, Box #: 49-A E. Country Club Rd. Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: SALINA, KS, 67401 Application Number: _____

3 DEPTH OF COMPLETED WELL: 40 ft. Bore Hole Diameter: 8 in. to 40 ft. and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
7 Lawn and garden only 10 Observation well
 Well's static water level: 16 ft. below land surface measured on 3 month 30 day 81 year
 Pump Test Data: Well water was 25 ft. after 2 hours pumping 12 gpm
 Est. Yield 15 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

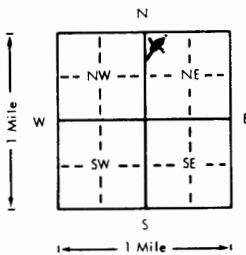
4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued Clamped _____
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing dia: 5 in. to 20 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 20 in., weight 2.37 lbs./ft. Wall thickness or gauge No. 214 in

TYPE OF SCREEN OR PERFORATION MATERIAL:
 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 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia: 5 in. to 40 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 20 ft. to 40 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 15 ft. to 40 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.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
13 Watertight sewer lines
 Direction from well: N How many feet: 75 ? 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 3 month 30 day 81 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 4 month 20 day 81 year under the business name of PETERSON IRRIGATION INC. by (signature) Mike Peterson

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



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Top Soil			
2	11	GRAY CLAY			
11	14	RED CLAY			
14	16	BUFF CLAY			
16	22	RED CLAY			
22	24	FINE SAND			
24	28	BROWN CLAY AND FINE SAND			
28	34	MEDIUM SAND			
34	36	COURSE SAND			
36	41	GRAY SHALE			

ELEVATION: _____

Depth(s) Groundwater Encountered 1. 20 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
T 14
R 2
SEC. 16
NW 1/4
NW 1/4
NE 1/4