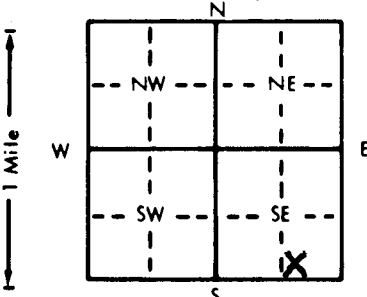


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Saline		SW 1/4 SE 1/4 SE 1/4	36	T 14 S	R 2

Distance and direction from nearest town or city street address of well if located within city?
6 miles East & 2 miles South of Salina, KS

2	WATER WELL OWNER:	Dean Seim	
	RR#, St. Address, Box # :	5544 E. Schilling Rd.	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: 37 ft. ELEVATION: 23



4 DEPTH OF COMPLETED WELL.....37..... ft. ELEVATION:

Depth(s) Groundwater Encountered 1. 23 ft. 2. _____ ft. 3. _____ ft.
WELL'S STATIC WATER LEVEL 23 ft. below land surface measured on mo/day/yr 9-23-88

Pump test data: Well water was ft. after hours pumping gpm

Est. Yield 7 gpm: Well water was 47 ft. after 10 hours pumping 10 gpm

Bore Hole Diameter: 0 in. to 1 ft., and in. to ft.

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)
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2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation 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:	5 Wrought iron	8 Concrete tile	CASING JOINTS: <u>Glued</u> Clamped
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1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded

Blank casing diameter	2 PVC	4 ABS	7 Fiberglass	Threaded
5 in to 28 ft Dia				

Casing height above land surface.....12.....in., weight.....2.91.....lbs./ft. Wall thickness or gauge No.265

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 3 Mill slot 6 Wire wrapped 9 Drilled holes

2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)

SCREEN REPERFORATED INTERVALS: From 28 # to 38 # From # to #

SCREEN-PERFORATED INTERVALS. From ft. to ft., From ft. to ft.
From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From . . . 25 . . . ft. to . . . 38 . . . ft., From ft. to ft.

		From	ft. to	ft., From	ft. to	ft.
6	GROUT MATERIAL:	1. Neat cement	2. Cement grout	3. Bentonite	4. Other	

Grout Intervals: From 5 ft. to 25 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 <u>Septic tank</u>	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)

2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	

Direction from well? West How many feet? 200

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	Top Soil			

5	12	Brown Clay			
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12	28	Gray Clay			
28	28	Black Clay			

28	33	Fine Sand & Clay			
33	37	Creek Gravel			

37	41	Gray Shale			
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[illegible]

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[illegible][illegible]

[illegible]

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) 9-21-88 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 (mo/day/yr) 10-4-88

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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

Department of Health and Environment, Bureau of Water Pollution, Taipei, Taiwan 10026, Telephone: 02-302 3333, Fax: 02-302 3333, and one to National Health System and Control Center, Taipei records.