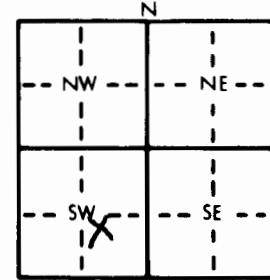


1. LOCATION OF WATER WELL: County: Saline Fraction: NW 1/4 SE 1/4 SW 1/4 Section Number: 36 Township Number: 14 S Range Number: 2 E

Distance and direction from nearest town or city street address of well if located within city? 3

2. WATER WELL OWNER: 2916 Karen CT
Mike MULL
RR#, St. Address, Box #: 2916 Karen CT
City, State, ZIP Code: Salina, KANSAS 67401

Board of Agriculture, Division of Water Resources
Application Number: _____

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

4. DEPTH OF COMPLETED WELL: 53 1/2 ft. ELEVATION: 1241

Depth(s) Groundwater Encountered 1. 20 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr 5-11-97

Pump test data: Well water was 21 ft. after 1 hours pumping 15 gpm

Est. Yield 40 gpm Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 8 1/2 in. to 35 ft., and 5 1/2 in. to 53 1/2 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)
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes X No _____

5. TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
Blank casing diameter 5 in. to 43 1/2 ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
Casing height above land surface 13 in., weight 160 LB lbs./ft. Wall thickness or gauge No. SPR 26

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-PERFORATED INTERVALS: From 43 1/2 ft. to 53 1/2 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 21 ft. to 53 1/2 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 0 ft. to 21 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)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage

Direction from well? South How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0'	3'	Fill dirt			
3'	38'	Light Brown Clay			
38'	40'	Grey & Brown clay with coarse gravel			
40'	53 1/2'	Coarse SAND AND Gravel			

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) 5-12-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 523 This Water Well Record was completed on (mo/day/yr) 5-12-97 under the business name of M+D Well Service by (signature) Matthew Sorkin

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.