

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Saline</b>		<b>SW</b> $\frac{1}{4}$ <b>SE</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$		<b>7</b>		<b>T 14 S</b>		<b>R 3 E/W</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>4 miles West of Salina, KS</b> <span style="float:right"><b>NORTH Well</b></span>									
2 WATER WELL OWNER: <b>Saline County RWD #4</b>									
RR#, St. Address, Box # : <b>c/o Schwab-Eaton, 1125 Garden Way</b>									
City, State, ZIP Code : <b>Manhattan, KS 66502</b> <span style="float:right">Board of Agriculture, Division of Water Resources Application Number:</span>									
3 LOCATE WELL'S LOCATION WITH		4 DEPTH OF COMPLETED WELL <b>71</b> ft. ELEVATION:							
AN "X" IN SECTION BOX:		Depth(s) Groundwater Encountered 1 <b>18</b> ft. 2 <b>71</b> ft. 3 <b>71</b> ft.							
		WELL'S STATIC WATER LEVEL <b>18</b> ft. below land surface measured on mo/day/yr <b>7/9/03</b>							
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Est. Yield <b>50</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
		WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 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 Domestic (lawn & garden) 10 Monitoring well							
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted									
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
<input checked="" type="checkbox"/> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
Blank casing diameter <b>8</b> in. to <b>56</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <b>12</b> in., weight <b>5.72</b> lbs./ft. Wall thickness or gauge No. <b>332</b>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 <del>Steel</del> 3 <u>Stainless Steel</u> 5 Fiberglass 7 PVC 10 Asbestos-Cement									
2 Brass 4 Galvanized Steel 6 Concrete tile 8 RMP (SR) 11 Other (Specify) _____									
SCREEN OR PERFORATION OPENINGS ARE:									
1 <u>Continuous slot</u> 2 <u>Key punched</u> 3 <u>0.050</u> 4 <u>0.050</u> 5 Guazed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 11 None (open hole)									
SCREEN-PERFORATED INTERVALS: From <b>56</b> ft. to <b>71</b> ft., From <b>Gravel</b> ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>26</b> ft. to <b>49.5</b> ft., From <b>49.5</b> ft. to <b>71</b> ft.									
<b>50/50 Bentonite &amp; Sand - Gravel</b>									
6 GROUT MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> Cement grout 3 Bentonite 4 Other _____									
Grout Intervals: From <b>5</b> ft. to <b>26</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
What is the nearest source of possible contamination: <b>None within 1/4 mile</b>									
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	33	Clay, red							
33	34	Sand, fine							
34	40	Gravel, creek							
40	42	Sand, fine							
42	49	Clay, tan							
49	57	Clay, gray							
57	62	Gravel, creek							
62	67	Sand, fine							
67	70	Sand, fine to medium with							
		large sand rocks							
70	72	Shale, gray							
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) <b>7/30/03</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No <b>138</b> This Water Well Record was completed on (mo/day/yr) <b>8/4/03</b> under the business name of <b>Peterson Irrigation, Inc.</b> by (signature) <i>Mike Peterson</i>									
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 785-298-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.									