


LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Saline</u>	NW ¼ NE ¼ NW ¼	1	T 14 S	R 3 <u>W</u>
Distance and direction from nearest town or city street address of well if located within city?				

WATER WELL OWNER: City of Salina / Smoky Hill Study
RR#, St. Address, Box # :
City, State, ZIP Code :
Board of Agriculture, Division of Water Resources
Application Number:

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL..... ft. ELEVATION: Depth(s) Groundwater Encountered 1..... ft. 2..... ft. 3..... ft. WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr Pump test data: Well water was..... ft. after..... hours pumping..... gpm Est. Yield..... gpm: Well water was..... ft. after..... hours pumping..... gpm Bore Hole Diameter..... in. to..... ft., and..... in. to..... ft. WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only <u>10 Observation well</u> Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was sub- mitted <div style="text-align: right;">Water Well Disinfected? Yes No</div>
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TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued Clamped	
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded	
2 PVC	4 ABS	7 Fiberglass		Threaded	
Blank casing diameter in. to ft., Dia in. to ft., Dia in. to ft.					
Casing height above land surface 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	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 ft. to ft.,	From ft. to ft.,	From ft. to ft.	
		From ft. to ft.,	From ft. to ft.,	From ft. to ft.	
GRAVEL PACK INTERVALS:		From ft. to ft.,	From ft. to ft.,	From ft. to ft.	
		From ft. to ft.,	From ft. to ft.,	From ft. to ft.	

GROUT MATERIAL:		1 Neat cement	2 Cement grout	3 Bentonite	4 Other
Grout Intervals:		From ft. to	From ft. to	From ft. to	From ft. to
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?			How many feet?		

[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) 2-1-88 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) 2-17-88 under the business name of Peterson Irrigation, Inc. by (signature) Pam Nelson

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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.