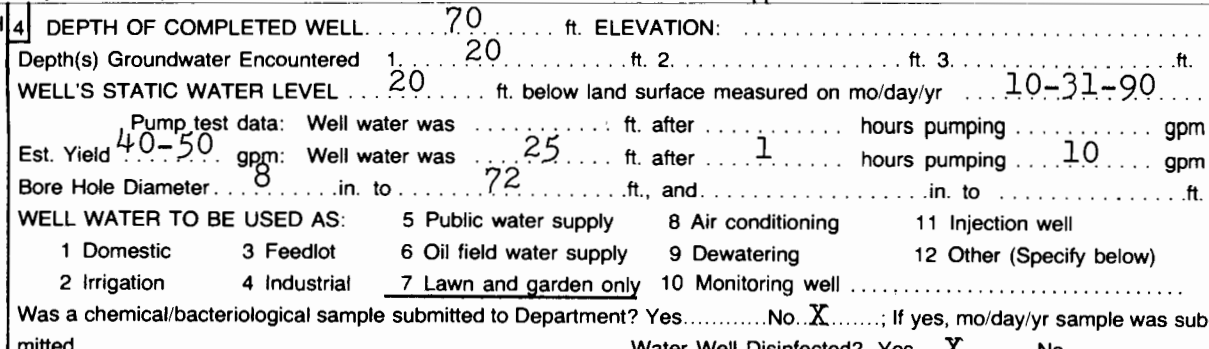


1 LOCATION OF WATER WELL: County: Saline		Fraction NW ¼ NE ¼ NE ¼	Section Number 36	Township Number T 14 S	Range Number R 3
---	--	----------------------------	----------------------	---------------------------	---------------------

2	WATER WELL OWNER: USD 305	
	RR#, St. Address, Box # : P.O. Box 797	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code : Salina, KS 67402	Application Number:

N



Blank casing diameter 5 in. to 60 ft., Dia in. to ft., Dia in. to ft.
Casing height above land surface 12 in., weight 2.37 lbs./ft. Wall thickness or gauge No. 214

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	<u>3 Mill slot</u>	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify)	

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.

Direction from well? West How many feet? 150 ft

[illegible]

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.