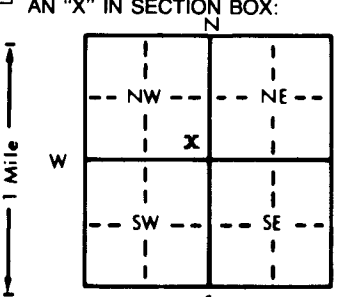


1 LOCATION OF WATER WELL: County: OTTAWA Fraction: SE 1/4 SE 1/4 NW 1/4 Section Number: 35 Township Number: T 12 S Range Number: R 2 EW

Distance and direction from nearest town or city street address of well if located within city?
65 ASH LANE OTTAWA COUNTY PERMIT # 99-215

2 WATER WELL OWNER: MAX SHEPARD
 RR#, St. Address, Box #: 2304 SHALIMAR LANE 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: 152 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 114 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 114 ft. below land surface measured on 7-15-99
 Pump test data: Well water was 125? ft. after 3 hours pumping 10 gpm
 Est. Yield: 12 to 15 gpm Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 9 in. to 159 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 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 _____
 7 Fiberglass Threaded _____
 Blank casing diameter: 5 in. to 122 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 24 in., weight _____ lbs./ft. Wall thickness or gauge No. SDR 26
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot .025 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 122 ft. to 152 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 25 ft. to 152 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 25 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 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)
OPEN PASTURE NONE APPARENT

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	TOP SOIL			
1	3	CLAY BROWN			
3	18	SANDSTONE RED			
18	45	CLAY TAN WITH SANDSTONE LAYERS			
45	130	CLAY LIGHT GRAY			
130	151	CLAY LIGHT GRAY WITH FINE SILT STONE			
151	159	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) 7-19-99 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 388 This Water Well Record was completed on (mo/day/yr) 7-19-99 under the business name of PESTINGER PUMP SERVICE by (signature) Paul Pestinger

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.

OFFICE USE ONLY
T
R
EW
SEC.
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1/4
1/4