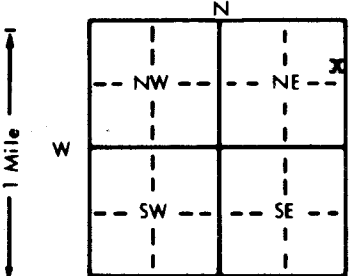


1 LOCATION OF WATER WELL: County: LINCOLN	Fraction SE ¼ NE ¼ NE ¼	Section Number 21	Township Number T 12 S	Range Number R 6 E W
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Distance and direction from nearest town or city street address of well if located within city?
ONE MILE SOUTH ½ WEST OF BEVERLY KS.

2 WATER WELL OWNER: **GLEN PERCIVAL**
 RR#, St. Address, Box # : **BEVERLY, KS. 67423**
 City, State, ZIP Code : _____
 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: 34 ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1. 24 ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL 24 ft. below land surface measured on mo/day/yr 6-5-90 Pump test data: Well water was 26 ft. after 1 hours pumping 25 gpm Est. Yield 50 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 9 in. to 34 ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 1 <u>Domestic</u> 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 _____
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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 **24** ft., Dia _____ in. to _____ ft.
 Casing height above land surface **24** in., weight **160** lbs./ft. Wall thickness or gauge No. **SDR 26**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot **.035** 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **24** ft. to **34** ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **22** ft. to **34** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From **2** ft. to **22** ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____
 Direction from well? **NORTH** How many feet? **OVER 50**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	8	TOP SOIL			
8	24	GRAY CLAY			
24	34	MED. SAND & 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) **6-5-90** 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) **6-5-90** 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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.