

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>SALINE</u>	<u>SW</u> 1/4 <u>SW</u> 1/4 <u>NE</u> 1/4	<u>36</u>	<u>T</u> <u>13</u> <u>S</u>	<u>R</u> <u>2</u> <u>E/W</u>

Distance and direction from nearest town or city street address of well if located within city?
2150 WEAVER ST. NEW CAMBRIA, KS.

2 WATER WELL OWNER: ROBERT SHANK
 RR#, St. Address, Box # : 1824 ROACH
 City, State, ZIP Code : SALINA, KS. 67401

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 54.6 ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. 19.2 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 19.2 ft. below land surface measured on mo/day/yr 7-7-97

Pump test data: Well water was 21.3 ft. after 1 hours pumping 25 gpm

Est. Yield 7.5+ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 9 in. to 56 ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
		9 Dewatering
		10 Monitoring well
		12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes No _____

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter 5 in. to 44.6 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 20 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	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 <u>.035</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) _____	

SCREEN-PERFORATED INTERVALS: From 44.6 ft. to 54.6 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 35 ft. to 54.6 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)
			13 Insecticide storage	

Direction from well? WEST

How many feet? 75

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	FILL DIRT			
3	43	CLAY LIGHT BROWN SILTY			
43	46	CLAY DARK GRAY			
46	56	SAND FINE TO COARSE TAN			

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) 7-7-97 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) 7-7-97 under the business name of PESTINGER PUMP SERVICE by (signature) [Signature]

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
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