

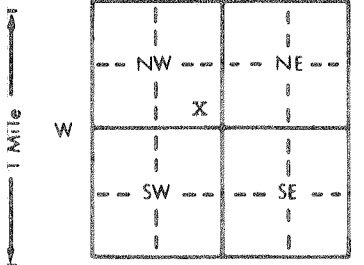
LOCATION OF WATER WELL: County: <u>SALINE</u>	Fraction <u>SE</u> 1/4 <u>SW</u> 1/4 <u>NW</u> 1/4	Section Number <u>18</u>	Township Number <u>T 13 S</u>	Range Number <u>R 3 EW</u>
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Distance and direction from nearest town or city street address of well if located within city?

4797 N. SHILO RD.

WATER WELL OWNER: HAROLD GODSEY
 RR#, St. Address, Box # : 4797 N. SHILO RD.
 City, State, ZIP Code : SALINA, KS. 67401
 Board of Agriculture, Division of Water Resources
 Application Number: _____

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



DEPTH OF COMPLETED WELL: 59 ft. ELEVATION: 1230
 Depth(s) Groundwater Encountered 1. 34 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 34 ft. below land surface measured on mo/day/yr 8-6-90
 Pump test data: Well water was 35 ft. after 1 hours pumping 30 gpm
 Est. Yield 75+ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 9 in. to 59 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 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 ; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes No _____

TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)
 2 PVC 4 ABS 7 Fiberglass _____
 CASING JOINTS: Glued Clamped _____
 Welded _____
 Threaded _____

Blank casing diameter 5 in. to 49 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 18 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) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 7 PVC 10 Asbestos-cement

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot _____
 2 Louvered shutter 4 Key punched _____
 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 6 Wire wrapped 9 Drilled holes _____
 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 49 ft. to 59 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 30 ft. to 59 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 5 ft. to 30 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines NOT USED 7 Pit privy _____
 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 _____
 10 Livestock pens 14 Abandoned water well
 11 Fuel storage 15 Oil well/Gas well

Direction from well? NORTH How many feet? 60

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	TOP SOIL			
3	30	CLAY LIGHT GRAY			
30	45	SANDY LOOM WITH CLAY LAYERS			
45	59	HEAVY SAND WITH SMALL CREEK GRAVEL			

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) 8-7-90 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) 8-7-90 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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.