

LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number	
County: <b>Saline</b>		NE 1/4 SE 1/4 NW 1/4		36		T 13 S		R 3 EW	
Distance and direction from nearest town or city?				Street address of well if located within city? <b>2621 Linda Lane</b>					
WATER WELL OWNER: <b>May Giggry</b>				Board of Agriculture, Division of Water Resources					
R#, St. Address, Box #: <b>2621 Linda Lane</b>				Application Number:					
City, State, ZIP Code: <b>Salina, Ks. 67401</b>									
DEPTH OF COMPLETED WELL: <b>51</b> ft. Bore Hole Diameter: <b>8 1/2</b> in. to . . . ft., and . . . in. to . . . ft.									
Well Water to be used as:									
1 Domestic		3 Feedlot		5 Public water supply		8 Air conditioning		11 Injection well	
2 Irrigation		4 Industrial		6 Oil field water supply		9 Dewatering		12 Other (Specify below)	
		<input checked="" type="checkbox"/> Lawn and garden only		10 Observation well					
Well's static water level: <b>21</b> ft. below land surface measured on . . . month . . . day . . . year									
Pump Test Data: Well water was: <b>22</b> ft. after <b>1</b> hours pumping <b>40</b> gpm									
Test Yield: <b>100</b> gpm: Well water was . . . ft. after . . . hours pumping . . . gpm									
TYPE OF BLANK CASING USED:									
1 Steel		3 RMP (SR)		5 Wrought iron		8 Concrete tile		Casing Joints: Glued <input checked="" type="checkbox"/> Clamped . . .	
<input checked="" type="checkbox"/> PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		Welded . . .	
				7 Fiberglass				Threaded . . .	
Blank casing dia: <b>5</b> in. to <b>46</b> ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.									
Casing height above land surface: <b>18</b> in., weight <b>160</b> lbs./ft. Wall thickness or gauge No. <b>SDR 26</b>									
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		5 Gauzed wrapped		<input checked="" type="checkbox"/> 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-Perforation Dia: <del>46</del> <b>5</b> in. to <b>51</b> ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.									
Screen-Perforated Intervals: From <b>46</b> ft. to <b>51</b> ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.									
Gravel Pack Intervals: From . . . ft. to . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.									
GROUT MATERIAL:									
1 Neat cement		2 Cement grout		<input checked="" type="checkbox"/> Bentonite		4 Other . . .			
Grouted Intervals: From <b>1</b> ft. to <b>10</b> ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.									
What is the nearest source of possible contamination:									
1 Septic tank		4 Cess pool		7 Sewage lagoon		10 Fuel storage		14 Abandoned water well	
2 Sewer lines		5 Seepage pit		8 Feed yard		11 Fertilizer storage		15 Oil well/Gas well	
3 Lateral lines		6 Pit privy		9 Livestock pens		12 Insecticide storage		16 Other (specify below)	
						<input checked="" type="checkbox"/> Watertight sewer lines			
Direction from well: <b>South</b> How many feet: <b>15</b> ? Water Well Disinfected? Yes . . . No <input checked="" type="checkbox"/>									
Was a chemical/bacteriological sample submitted to Department? Yes . . . No <input checked="" type="checkbox"/> If yes, date sample									
as submitted . . . month . . . day . . . year: Pump Installed? Yes <input checked="" type="checkbox"/> No . . .									
Yes: Pump Manufacturer's name: <b>Red Jacket</b> Model No. <b>CN9BC</b> HP <b>1/2</b> Volts <b>230</b>									
Depth of Pump Intake: <b>40</b> ft. Pumps Capacity rated at <b>13</b> gal./min.									
Type of pump: <input checked="" type="checkbox"/> Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other									
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was									
Completed on . . . month . . . day . . . year <b>82</b>									
And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>388</b>									
His Water Well Record was completed on . . . month . . . day . . . year <b>82</b> under the business									
Name of <b>Pestinger Pump Ser.</b> by (signature) <i>Paul Pestinger</i>									
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG		
		1	9	Top Soil					
		10	19	Sandy Loom					
		20	21	Clay					
		22	41	Fine Sand					
		42	51	Med. Gravel					
ELEVATION:									
Depth(s) Groundwater Encountered 1. . . <b>17</b> ft. 2. . . ft. 3. . . ft. 4. . . ft. (Use a second sheet if needed)									

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.