

1 LOCATION OF WATER WELL: County: <u>SALINE</u>		Fraction <u>SW 1/4 NW 1/4 SW 1/4</u>	Section Number <u>6</u>	Township Number <u>T 14 S</u>	Range Number <u>R 2 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1334A N. OHIO</u>			SALINE COUNTY PERMIT # <u>97-220</u>		
2 WATER WELL OWNER: <u>SALINA ENGINE SUPPLY INC.</u> RR#, St. Address, Box #: <u>1334A N. OHIO</u> City, State, ZIP Code: <u>SALINA, KS. 67401</u>		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: <u>57.5</u> ft. ELEVATION: <u>1218</u>			
		Depth(s) Groundwater Encountered: 1. <u>24</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL: <u>24</u> ft. below land surface measured on mo/day/yr <u>10-30-97</u> Pump test data: Well water was <u>25.5</u> ft. after <u>2</u> hours pumping <u>20</u> gpm Est. Yield: <u>7.5+</u> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter: <u>9</u> in. to <u>58</u> 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 <u>Lawn and garden only</u> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No _____; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____			
1 Steel 3 RMP (SR) 2 PVC 4 ABS		5 Wrought iron 8 Concrete tile 9 Other (specify below) 10 Asbestos-cement 6 Asbestos-Cement 7 Fiberglass 11 Injection well 12 Other (Specify below)			
Blank casing diameter: <u>5</u> in. to <u>47.5</u> ft., Dia _____ in. to _____ ft.		Casing height above land surface: <u>14</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>SDR 26</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 <u>PVC</u>			
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 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 <u>Mill slot .035</u> 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 <u>Key punched</u> 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>47.5</u> ft. to <u>57.5</u> ft., From _____ ft. to _____ ft.		GRAVEL PACK INTERVALS: From <u>40</u> ft. to <u>57.5</u> ft., From _____ ft. to _____ ft.			
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____		Grout Intervals: From <u>0</u> ft. to <u>21</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well 11 Fuel storage 15 Oil well/Gas well 12 Fertilizer storage 16 Other (specify below) _____ 13 Insecticide storage			
1 Septic tank 4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 <u>Watertight sewer lines</u> 6 Seepage pit 9 Feedyard		Direction from well? <u>NORTH</u> How many feet? <u>20</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	FILL DIRT			
3	5	TOP SOIL			
5	36	CLAY TAN TO GRAY SILTY			
36	58	SAND COARSE TAN CLEAN			
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) <u>10-30-97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>388</u> This Water Well Record was completed on (mo/day/yr) <u>10-30-97</u> under the business name of <u>PESTINGER PUMP SERVICE</u> by (signature) <u>Paul Pestinger</u>					

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

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.