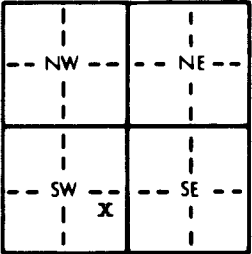


1 LOCATION OF WATER WELL: County: <b>SALINE</b>		Fraction <b>NE</b> 1/4 <b>SE</b> 1/4 <b>SW</b> 1/4		Section Number <b>6</b>	Township Number <b>T 14 S</b>	Range Number <b>R 2W EW</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**SALINE COUNTY PERMIT#99-215**

2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :		<b>A-PLUS GALVANIZING CO.</b> <b>P.O. BOX 2717</b> <b>SALINA, KS. 67402-2717</b>	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL <b>71</b> ft. ELEVATION: <b>1218</b>
	Depth(s) Groundwater Encountered 1. <b>20</b> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <b>20</b> ft. below land surface measured on <b>mo/day/yr 7-31-99</b> Pump test data: Well water was <b>AIRPUMPED</b> ft. after <b>2</b> hours pumping <b>200</b> gpm Est. Yield <b>200+</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>12</b> in. to <b>71</b> 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 9 Dewatering 12 Other (Specify below) 2 Irrigation <u>4 Industrial</u> 7 Lawn and garden only 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____

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

Blank casing diameter **6** in. to **51** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **28** in., weight **200** lbs./ft. Wall thickness or gauge No. **SDR 27**

TYPE OF SCREEN OR PERFORATION MATERIAL:		<b>7 PVC</b>	10 Asbestos-cement
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped	8 Saw cut
1 Continuous slot	<u>3 Mill slot .025</u>	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____
SCREEN-PERFORATED INTERVALS:		From <b>51</b> ft. to <b>71</b> ft., From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From <b>26</b> ft. to <b>71</b> ft., From _____ ft. to _____ ft.	

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	<u>3 Bentonite</u>	4 Other _____
Grout Intervals:	From <b>1</b> ft. to <b>26</b> ft., From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:		7 Pit privy	10 Livestock pens	14 Abandoned water well
1 Septic tank	4 Lateral lines	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	9 Feedyard	12 Fertilizer storage	16 Other (specify below) _____
<u>3 Watertight sewer lines</u>	6 Seepage pit		13 Insecticide storage	
Direction from well?	<b>NORTH</b>		How many feet?	<b>40</b>

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	FILL DIRT			
3	26	CLAY TAN SILTY			
26	71	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) **7-31-99** 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) **7-31-99** 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  
T  
R  
EW  
SEC.  
1/4  
1/4  
1/4