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|---------------------------|-------------------------------------|----------------|-----------------|----------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: SALINE | SE ¼ NW ¼ NW ¼ | 19 | T 14 S | R 2W EW |

Distance and direction from nearest town or city street address of well if located within city?
820 MOUNDVIEW AV.

2 WATER WELL OWNER: **TOM BLACKSHERE**
 RR#, St. Address, Box # : **820 MOUNDVIEW AV.** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **SALINA, KS. 67401** Application Number:

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

| | |
|--|--|
| | 4 DEPTH OF COMPLETED WELL: 59 ft. ELEVATION: 1230 Depth(s) Groundwater Encountered 1. 23' ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL: 23' ft. below land surface measured on 6-9-00 Pump test data: Well water was 23'10" ft. after _____ hours pumping _____ 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: 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 4 Industrial 7 <u>Domestic (lawn & garden)</u> 10 Monitoring well _____ Was a chemical/bacteriological sample submitted to Department? Yes. _____ No. <input checked="" type="checkbox"/> ; If yes, mo/day/yrs sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____ |
|--|--|

5 TYPE OF BLANK CASING USED:

| | | | |
|---------|------------|-------------------|-------------------------|
| 1 Steel | 3 RMP (SR) | 5 Wrought iron | 8 Concrete tile |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 9 Other (specify below) |
| | | 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: **16** 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 | 7 PVC |
| 2 Brass | 4 Galvanized steel | 6 Concrete tile | 8 RMP (SR) |
| | | | 9 ABS |
| | | | 10 Asbestos-cement |
| | | | 11 Other (specify) _____ |
| | | | 12 None used (open hole) |

SCREEN OR PERFORATION OPENINGS ARE:

| | | | |
|--------------------|-------------------------|------------------|------------------------------|
| 1 Continuous slot | 3 Mill slot .025 | 5 Gauzed wrapped | 8 Saw cut |
| 2 Louvered shutter | 4 Key punched | 6 Wire wrapped | 9 Drilled holes |
| | | 7 Torch cut | 10 Other (specify) _____ ft. |
| | | | 11 None (open hole) |

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 **31** ft. to **59** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From **0** ft. to **31** 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 |
| 2 Sewer lines | 5 Cess pool | 8 Sewage lagoon | 11 Fuel storage |
| <u>3 Watertight sewer lines</u> | 6 Seepage pit | 9 Feedyard | 12 Fertilizer storage |
| | | | 13 Insecticide storage |
| | | | 14 Abandoned water well |
| | | | 15 Oil well/Gas well |
| | | | 16 Other (specify below) |

Direction from well? **SOUTH** How many feet? **25**

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|-------------------------|------|----|--------------------|
| 0 | 2 | FILL DIRT | | | |
| 2 | 28 | CLAY TAN SILTY | | | |
| 28 | 59 | SAND FINE TO MED. BROWN | | | |
| 59 | | SHALE GRAY | | | |
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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) **6-9-00** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. **388**. This Water Well Record was completed on (mo/day/yr) **6-9-00** under the business name of **PESTINGER PUMP SERVICE** by (signature) *Paul Pestinger*

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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.