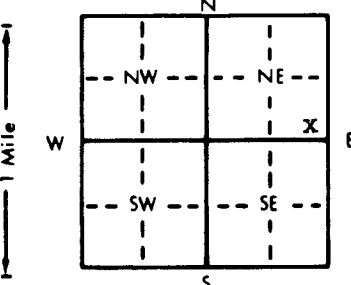


1 LOCATION OF WATER WELL: County: <u>SALINE</u>	Fraction <u>SE</u> 1/4 <u>SE</u> 1/4 <u>NE</u> 1/4	Section Number <u>6</u>	Township Number T <u>14</u> S	Range Number R <u>2W</u> E/W
--	---	----------------------------	----------------------------------	---------------------------------

Distance and direction from nearest town or city street address of well if located within city?  
1543 N. MARYMOUNT RD. SALINE COUNTY PERMIT #00-226

2 WATER WELL OWNER: RANDY BRADLEY  
 RR#, St. Address, Box # : 1543 MARYMOUNT RD. Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : NEW CAMBRIA, KS. 67470 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  	4 DEPTH OF COMPLETED WELL: <u>57'6"</u> ft. ELEVATION: <u>1213</u> ft. Depth(s) Groundwater Encountered 1. <u>23</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>23</u> ft. below land surface measured on mo/day/yr <u>9-21-00</u> Pump test data: Well water was <u>24'6"</u> ft. after <u>1</u> hours pumping <u>25</u> gpm Est. Yield <u>50+</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 <u>7 Lawn and garden only</u> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <u>X</u> No _____
--	---

5 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped \_\_\_\_\_  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
 7 Fiberglass Threaded \_\_\_\_\_  
 Blank casing diameter 5 in. to 47'6" 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 8 RMP (SR) 11 Other (specify) \_\_\_\_\_  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot 3 Mill slot .025 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
 2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes 10 Other (specify) \_\_\_\_\_  
 SCREEN-PERFORATED INTERVALS: From 47'6" ft. to 57'6" ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From 24 ft. to 57'6" 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 24 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 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well  
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)  
 13 Insecticide storage \_\_\_\_\_  
 Direction from well? WEST How many feet? 50

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	FILL DIRT			
1	3	TOP SOIL			
3	12	SANDY LOOM TAN			
12	18	SAND TAN FINE			
18	30	CLAY BROWN			
30	58	SAND FINE TO MED, 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) 9-21-00 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) 9-24-00 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