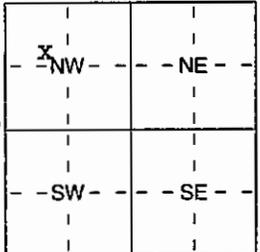


1 LOCATION OF WATER WELL: County: <u>SALINE</u>	Fraction <u>SE 1/4 NW 1/4 NW 1/4</u>	Section Number <u>31</u>	Township Number <u>T 14 S</u>	Range Number <u>R 2W E/W</u>
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Distance and direction from nearest town or city street address of well if located within city?

2414 AMBASSADOR

2 WATER WELL OWNER: JAN JOLLY
 RR#, St. Address, Box # : 2414 AMBASSADOR
 City, State, ZIP Code : SALINA, KS. 67401
 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>49</u> ft. ELEVATION: <u>1234</u> Depth(s) Groundwater Encountered 1 <u>15</u> ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>15</u> ft. below land surface measured on mo/day/yr <u>8-6-02</u> Pump test data: Well water was <u>18</u> ft. after <u>1</u> hours pumping <u>20</u> gpm Est. Yield <u>7.5</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm 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 Domestic (lawn & garden)</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 _____
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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 7 Fiberglass 9 Other (specify below) Welded _____
 Threaded _____
 Blank casing diameter 5 in. to 4.3 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 10 Asbestos-Cement
 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RMP (SR) 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 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____ ft.
 SCREEN-PERFORATED INTERVALS: From 43 ft. to 49 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 21 ft. to 49 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 21 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? EAST How many feet? 45

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	FILL DIRT			
3	12	CLAY BROWN SILTY			
12	49	SAND FINE TO MED. TAN			
49		SHALE GRAY			

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) 8-6-02 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) 8-6-02 by 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 two three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-298-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.