

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>SALINE</u>	<u>NW 1/4 SE 1/4 SW 1/4</u>	<u>19</u>	<u>T 14 S</u>	<u>R 2W E/W</u>

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

1442 AUSTIN CIRCLE

2 WATER WELL OWNER: PHENG TABONPANH  
 RR#, St. Address, Box # : 1442 AUSTIN CIRCLE  
 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:

N			
	--NW--	--NE--	
W			E
	--SW--	--SE--	
S			

4 DEPTH OF COMPLETED WELL ..... 51 ..... ft. ELEVATION: ..... 1230 .....  
 Depth(s) Groundwater Encountered 1 ..... 19 ..... ft. 2 ..... ft. 3 ..... ft.  
 WELL'S STATIC WATER LEVEL ..... 19 ..... ft. below land surface measured on mo/day/yr ..... 8-2-02 .....  
 Pump test data: Well water was ..... 22 ..... ft. after ..... 1 ..... hours pumping ..... 20 ..... gpm  
 Est. Yield ..... 7.5 ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 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 Domestic (lawn & garden) 10 Monitoring well .....  
 Was a chemical/bacteriological sample submitted to Department? Yes ..... No X .....; If yes, mo/day/yrs sample was submitted  
 Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
		7 Fiberglass		Threaded

Blank casing diameter ..... 5 ..... in. to ..... 45 ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface ..... 14 ..... in., weight ..... 160 ..... lbs./ft. Wall thickness or gauge No. SDR 26  
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC  
 1 Steel 3 Stainless Steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-Cement  
 2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 11 Other (Specify) .....  
 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
 1 Continuous slot 3 Mill slot .025 6 Wire wrapped 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ..... ft.  
 SCREEN-PERFORATED INTERVALS: From ..... 45 ..... ft. to ..... 51 ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From ..... 22 ..... ft. to ..... 51 ..... 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 ..... 22 ..... 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 11 Fuel storage 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well  
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below)  
 Direction from well? EAST How many feet? 45

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	FILL DIRT			
3	18	SANDY LOAM TAN WITH CLAY LAYERS			
18	51	SAND MED. TAN CLEAN			
51		SHALE GRAY			

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) ..... 8-2-02 ..... 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) ..... 8-2-02 ..... 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.