

1 LOCATION OF WATER WELL: County: <u>SALINE</u>	Fraction <u>SE 1/4 SE 1/4 SW 1/4</u>	Section Number <u>30</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?
1501 S. MAGNOLIA RD.

2 WATER WELL OWNER: EAGLECREST RETIREMENT COMMUNITY
 RR#, St. Address, Box # : 1501 S. MAGNOLIA RD. 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 53 ft. ELEVATION: 1231

Depth(s) Groundwater Encountered 1 17 ft. 2 _____ ft. 3 6-3-04 ft.

WELL'S STATIC WATER LEVEL 17 ft. below land surface measured on mo/day/yr

Pump test data: Well water was AIR PUMPED ft. after _____ hours pumping _____ gpm

Est. Yield 100 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
2 Irrigation	4 Industrial	7 <u>Domestic (lawn & garden)</u>
		9 Dewatering
		12 Other (Specify below)
		10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr 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 6 in. to 43 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 12 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)	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:

1 Continuous slot	3 Mill slot <u>.025</u>	5 Guazed 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 53 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 22 ft. to 53 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	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 <u>Watertight sewer lines</u>	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? EAST How many feet? 80

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	FILL DIRT			
3	19	CLAY BROWN SILTY			
19	53	SAND FINE TO COARSE TAN			
53		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) 6-3-04 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) 6-3-04 under the business name of PESTERER 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.