

1 LOCATION OF WATER WELL: County: <u>SALINA</u>	Fraction <u>SW</u> 1/4 <u>NW</u> 1/4 <u>NW</u> 1/4	Section Number <u>19</u>	Township Number <u>T 14 S</u>	Range Number <u>R 2 EW</u>
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Distance and direction from nearest town or city street address of well if located within city?
759 S. OHIO

2 WATER WELL OWNER: NORMAN BLEBLER
 RR#, St. Address, Box # : 759 S. OHIO
 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>57</u> ft. ELEVATION: <u>1230</u>
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Depth(s) Groundwater Encountered 1. 33.5 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 33.5 ft. below land surface measured on mo/day/yr 4-20-92

Pump test data: Well water was 34 ft. after 1 hours pumping 35 gpm

Est. Yield 75+ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 9 in. to 57 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
2 Irrigation	4 Industrial	9 Dewatering
	<u>7 Lawn and garden only</u>	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)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
2 PVC	4 ABS	7 Fiberglass		Threaded _____

CASING JOINTS: Glued X Clamped _____

Blank casing diameter 5 in. to 47 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)	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>.030</u>	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) _____	

SCREEN-PERFORATED INTERVALS: From 47 ft. to 57 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 35 ft. to 57 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
<u>3 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? 30

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	FILL DIRT			
6	8	CLAY DARK BROWN			
8	11	CLAY BROWN SILTY			
11	20	CLAY TAN SILTY			
20	27	CLAY & FINE SAND			
27	29	SAND FINE SILTY			
29	30	CLAY TAN			
30	34	SAND MED. SILTY			
34	40	GRAVEL SILTY			
40	50	GRAVEL COARSE			
50	58	SAND & GRAVEL CLEAN			
58	60	SHALE GRAY GREEN			

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) 4-20-92 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) 4-20-92 under the business name of FESTINER PUMP SERVICE by (signature) Paul Realygo

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.

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