

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number						
County: SALINE		SW 1/4 SW 1/4 NW 1/4	30	T 14 S	R 2 E/W						
Distance and direction from nearest town or city street address of well if located within city? 2206 SHALIMAR											
2 WATER WELL OWNER: BILL MONDT											
RR#, St Address, Box # 2206 SHALIMAR			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: 45 ft. ELEVATION: 1231									
<div style="text-align: center;">N 1 Mile W E S</div> <table border="1" style="margin: auto; text-align: center; width: 150px; height: 150px;"><tr><td>NW</td><td>NE</td></tr><tr><td>X</td><td></td></tr><tr><td>SW</td><td>SE</td></tr></table>		NW	NE	X		SW	SE	Depth(s) Groundwater Encountered 1. 15 ft. 2. ft. 3. ft.			
		NW	NE								
		X									
		SW	SE								
		WELL'S STATIC WATER LEVEL 15 ft. below land surface measured on mo/day/yr 8-2-94									
Pump test data: Well water was 17 ft. after 1 hours pumping 30 gpm											
Est. Yield 75+ gpm: Well water was ft. after hours pumping gpm											
Bore Hole Diameter: 9 in. to 45 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 9 Dewatering 12 Other (Specify below)											
2 Irrigation 4 Industrial 7 <u>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) 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 40 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)											
9 ABS 12 None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
1 Continuous slot 3 Mill slot .035 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 40 ft. to 45 ft. From ft. to ft.											
From ft. to ft. From ft. to ft.											
GRAVEL PACK INTERVALS: From 30 ft. to 45 ft. From ft. to ft.											
From ft. to ft. From ft. to ft.											
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 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 <u>Watertight sewer lines</u> 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)											
13 Insecticide storage											
Direction from well? NORTH How many feet? 25											
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS						
0	4	FILL DIRT									
4	45	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) 8-2-94 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) 8-2-94											
under the business name of PESTINGER PUMP SERVICE by (signature) <i>Paul Pester</i>											
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

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R

E/W

SEC.

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