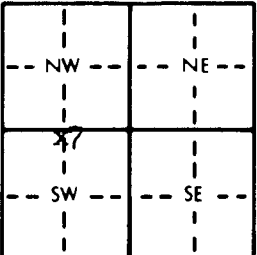


<b>1 LOCATION OF WATER WELL:</b> County: <u>SALINE</u>		Fraction <u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$		Section Number <u>30</u>	Township Number <u>T 14 S</u>	Range Number <u>R 2 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2137 LINDEN DR</u>						
<b>2 WATER WELL OWNER:</b> <u>DURAND WEIDMAN</u> RR#, St. Address, Box # : <u>2137 LINDEN DR,</u> City, State, ZIP Code : <u>SALINA, KS. 67401</u> Board of Agriculture, Division of Water Resources Application Number:						
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"></div>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>53.2</u> ft. <b>ELEVATION:</b> <u>1231</u> Depth(s) Groundwater Encountered 1. <u>16.2</u> ft. 2. _____ ft. 3. _____ ft. <b>WELL'S STATIC WATER LEVEL</b> <u>16.2</u> ft. below land surface measured on mo/day/yr <u>4-25-95</u> Pump test data: Well water was <u>17.2</u> ft. after <u>1</u> hours pumping <u>30</u> gpm Est. Yield <u>100</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>9</u> in. to <u>54</u> ft., and _____ in. to _____ ft. <b>WELL WATER TO BE USED AS:</b> 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 <u>7 Lawn and garden only</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 _____				
<b>5 TYPE OF BLANK CASING USED:</b> 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____ <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter <u>5</u> in. to <u>48</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface <u>17</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>SDR 26</u> <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <u>7 PVC</u> 10 Asbestos-cement 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot <u>3 Mill slot .035</u> 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ <b>SCREEN-PERFORATED INTERVALS:</b> From <u>48</u> ft. to <u>53</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. <b>GRAVEL PACK INTERVALS:</b> From <u>40</u> ft. to <u>53.2</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____ Grout Intervals: From <u>0</u> ft. to <u>21</u> 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? <u>SOUTH</u> How many feet? <u>35</u>						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	3	FILL DIRT				
3	8	CLAY TAN SILTY				
8	53.2	SAND FINE TO COARSE THIN CLAY LAYERS				
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4-25-95</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>388</u> This Water Well Record was completed on (mo/day/yr) <u>4-25-95</u> under the business name of <u>PESTINGER PUMP SERVICE</u> by (signature) <u>[Signature]</u>						
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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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