

[1] LOCATION OF WATER WELL:		Fraction	Township Number	Range Number	
County: SALINE		$\frac{SW}{4} \quad \frac{SE}{4}$	T 14 S	R 3 E W	
Address and direction from nearest town or city street address of well if located within city? 712 COLONIAL PLACE					
[2] WATER WELL OWNER: BILL BRIGHTBILL			Board of Agriculture, Division of Water Resources Application Number:		
RR#, St. Address, Box #: 712 COLONIAL PLACE					
City, State, ZIP Code : SALINA, KS. 67401					
[3] LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		[4] DEPTH OF COMPLETED WELL 58 . . . ft. ELEVATION:			
 N ↑ W ← → E S ↓		Depth(s) Groundwater Encountered 1. . . . 19.6 . . . ft. 2. . . . ft. 3. . . . ft.			
		WELL'S STATIC WATER LEVEL . . . 19.6 . . . ft. below land surface measured on mo/day/yr . . . 3-18-96			
		Pump test data: Well water was . . . 23.7 . . . ft. after . . . hours pumping . . . gpm			
		Est. Yield . . . 75+ . . . gpm; Well water was . . . ft. after . . . hours pumping . . . gpm			
		Bore Hole Diameter . . . 9 . . . in. to . . . 59 . . . 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 Lawn and garden only 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:					
Blank casing diameter . . . 5 . . . in. to . . . 48 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.					
Casing height above land surface . . . 15 . . . in.; weight . . . 160 . . . lbs./ft. Wall thickness or gauge No. . . SDR 26					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
SCREEN OR PERFORATION OPENINGS ARE:					
GRAVEL PACK INTERVALS: From . . . 30 . . . ft. to . . . 58 . . . ft.					
[6] GROUT MATERIAL:					
Grout Intervals: From . . . 3 . . . ft. to . . . 27 . . . ft.					
What is the nearest source of possible contamination?					
Direction from well? SOUTH					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	FILL DIRT			
3	24	CLAY BROWN TO TAN SILTY			
24	32	CLAY TAN SOFT			
32	48	SAND TAN FINE			
48	58	SAND TAN CLEAN			
[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) . . . 3-18-96 . . . 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) . . . 3-18-96 . . . under the business name of PESTINGER PUMP SERVICE by (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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.