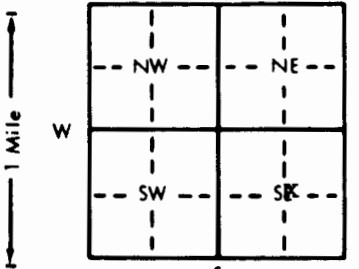


1 LOCATION OF WATER WELL: County: SALINE		Fraction SW $\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$		Section Number 25	Township Number T 14 S	Range Number R 3 E
Distance and direction from nearest town or city street address of well if located within city? 2190 NOTTINGHAM						
2 WATER WELL OWNER: RUBIN THOMAS RR#, St. Address, Box # : 2190 NOTTINGHAM 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: <div style="text-align: center;"></div>		4 DEPTH OF COMPLETED WELL 47.1 ft. ELEVATION: 1240 Depth(s) Groundwater Encountered 1. 10.1 ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL 10.1 ft. below land surface measured on mo/day/yr 6-28-96 Pump test data: Well water was 11 ft. after 1 hours pumping 20 gpm Est. Yield 75+ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 9 in. to 48 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 <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 _____				
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 5 in. to 39 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 14 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 <u>.035</u> 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes SCREEN-PERFORATED INTERVALS: From 39 ft. to 47 ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 30 ft. to 47.1 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____ Grout Intervals: From 0 ft. to 24 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 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage Direction from well? WEST How many feet? 12						
FROM		TO		LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS
0		3		FILL DIRT		
3		10		CLAY TAN SOFT		
10		19		SANDY LOOM TAN		
19		37		SAND FINE TAN		
37		38		CLAY GRAY SOFT		
38		47.1		SAND FINE TO MED. TAN		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 6-28-96 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) 6-28-96 under the business name of PESTINGER PUMP SERVICE by (signature) <i>Paul R. 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.						