WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL: County: SALINE	Fraction: NE ¼ SW ¼ SW ¼	Section Number: 36	Township Number: T 14 S	Range Number: R 3W E/W

Distance and direction from nearest town or city street address of well if located within city?
2939 BERKLEY LANE

2 WATER WELL OWNER: REED FILES
RR#, St. Address, Box # : 2939 BERKLEY LANE
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:

N
NW NE
W E
X SW SE
S

4 DEPTH OF COMPLETED WELL 56 ft. ELEVATION: 1241

Depth(s) Groundwater Encountered 1 25 ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL 25 ft. below land surface measured on mo/day/yr 10-7-02
Pump test data: Well water was 27 ft. after 1 hours pumping 25 gpm
Est. Yield 75+ gpm: Well water was ____ ft. after ____ hours pumping ____ gpm

WELL WATER TO BE USED AS:
1 Domestic 3 Feedlot 5 Public water supply 6 Oil field water supply 7 Domestic (lawn & garden) 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below)
2 Irrigation 4 Industrial

Was a chemical/bacteriological sample submitted to Department? Yes ____ No X; If yes, mo/day/yrs 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
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below)
7 Fiberglass

CASING JOINTS: Glued X Clamped ____
Welded ____
Threaded ____

Blank casing diameter 5 in. to 51 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface 16 in., weight 160 lbs./ft. Wall thickness or guage 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 .026 5 Guazed 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 51 ft. to 56 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From 22 ft. to 56 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ 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
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? 30

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	FILL DIRT			
3	36	CLAY BROWN TO TAN			
36	56	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) 10-07-02 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 388 This Water Well Record was completed on (mo/day/yr) 10-07-02 under the business name of PESTINGER PUMP SERVICE by (signature) [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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.