

| | | | | | |
|----------------|-------------------------|----------------|----------------|-----------------|--------------|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: SALINE | | NW ¼ SE ¼ SE ¼ | 25 | T 14 S | R 3W E/W |

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

2244 WESLEY

| | |
|---|----------------------------------|
| 2 | WATER WELL OWNER: LARRY GOERTZEN |
|---|----------------------------------|

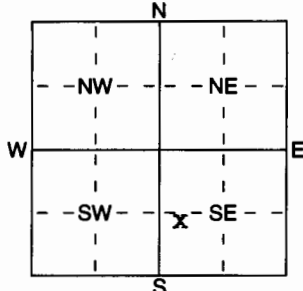
RR#, St. Address, Box # : 2244 WESLEY
City, State, ZIP Code : SALINA, KS. 67401

Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATION WITH

4 DEPTH OF COMPLETED WELL 50 ft. ELEVATION: 1240

AN "X" IN SECTION BOX:



Depth(s) Groundwater Encountered 1 18 ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL 18 ft. below land surface measured on mo/day/yr 6-29-04

Pump test data: Well water was 24 ft. after 1 hours pumping 20 gpm
Est. Yield 60+ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

| | | | | |
|----------------------------------|--------------|----------------------------|--------------------|--------------------------|
| 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 Domestic (lawn & garden) | 10 Monitoring well | |

Was a chemical/bacteriological sample submitted to Department? Yes NoX.....; If yes, mo/day/hrs sample was submitted
Water Well Disinfected? Yes X No

| | |
|---|----------------------------|
| 5 | TYPE OF BLANK CASING USED: |
|---|----------------------------|

| | |
|---------|------------|
| 1 Steel | 3 RMP (SR) |
| 2 PVC | 4 ABS |

5 Wrought iron
6 Asbestos-Cement
7 Fiberglass

8 Concrete tile
9 Other (specify below)

CASING JOINTS: GluedX... Clamped
Welded
Threaded

Blank casing diameter 5 in. to 45 ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface 12 in., weight 160 lbs./ft. Wall thickness or gauge No. SDR 26

TYPE OF SCREEN OR PERFORATION MATERIAL:

| | |
|---------|--------------------|
| 1 Steel | 3 Stainless Steel |
| 2 Brass | 4 Galvanized Steel |

5 Fiberglass
6 Concrete tile

7 PVC
8 RMP (SR)
9 ABS

10 Asbestos-Cement
11 Other (Specify)
12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

| | |
|--------------------|------------------|
| 1 Continuous slot | 3 Mill slot .025 |
| 2 Louvered shutter | 4 Key punched |

5 Guazed wrapped
6 Wire wrapped
7 Torch cut

8 Saw cut
9 Drilled holes
10 Other (specify) ft.
11 None (open hole)

SCREEN-PERFORATED INTERVALS: From 45 ft. to 50 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 23 ft. to 50 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 23 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 | 11 Fuel storage | 15 Oil well/Gas well |
| 2 Sewer lines | 5 Cess pool | 8 Sewage lagoon | 12 Fertilizer storage | 16 Other (specify below) |
| 3 Watertight sewer lines | 6 Seepage pit | 9 Feedyard | 13 Insecticide storage | |

Direction from well? NORTH How many feet? 14

[illegible]

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) 6-29-04 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) 6-29-04 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.