

| 1 LOCATION OF WATER WELL: County: SALINE | | Fraction <div style="text-align:center;">SE NW NE SW</div> | Section Number 25 | Township Number T 14 S | Range Number R 3W E/W | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Distance and direction from nearest town or city street address of well if located within city? 510 ALBERT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 WATER WELL OWNER: MARY JOHNSON RR#, St. Address, Box # : 510 ALBERT 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="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"><div style="text-align: center;">N</div><div style="display: flex; justify-content: space-between; align-items: center;"><div>--NW--</div><div>X</div><div>--NE--</div></div><div style="display: flex; justify-content: space-between; align-items: center;"><div>W</div><div> </div><div>E</div></div><div style="text-align: center;">S</div></div> | | 4 DEPTH OF COMPLETED WELL 52 ft. ELEVATION: 1240 Depth(s) Groundwater Encountered 1 24 ft. 2 ft. 3 ft. WELL'S STATIC WATER LEVEL 24 ft. below land surface measured on mo/day/yr 5-09-05 Pump test data: Well water was 26 ft. after 1 hours pumping 20 gpm Est. Yield 40 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 No .. <input checked="" type="checkbox"/> ; If yes, mo/day/yrs sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 TYPE OF CASING USED: Blank casing diameter 5 in. to 42 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 5 Fiberglass 7 PVC 10 Asbestos-Cement 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RMP (SR) 11 Other (Specify) 12 None used (open hole) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot .025 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) ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 42 ft. to 52 ft., From ft. to ft. GRAVEL PACK INTERVALS: From 22 ft. to 52 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) Direction from well? SOUTH How many feet? 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>2</td><td>FILL DIET</td><td></td><td></td><td></td></tr><tr><td>2</td><td>22</td><td>CLAY BROWN SILTY</td><td></td><td></td><td></td></tr><tr><td>22</td><td>32</td><td>SANDY LOOM TAN</td><td></td><td></td><td></td></tr><tr><td>32</td><td>41</td><td>CLAY BROWN</td><td></td><td></td><td></td></tr><tr><td>41</td><td>52</td><td>SAND FINE TO MED. TAN</td><td></td><td></td><td></td></tr><tr><td>52</td><td></td><td>DRIFT BROWN</td><td></td><td></td><td></td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> | | | | | | FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | 0 | 2 | FILL DIET | | | | 2 | 22 | CLAY BROWN SILTY | | | | 22 | 32 | SANDY LOOM TAN | | | | 32 | 41 | CLAY BROWN | | | | 41 | 52 | SAND FINE TO MED. TAN | | | | 52 | | DRIFT BROWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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) 5-10-05 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) 5-10-05 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |