

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: SALINE		NE 1/4 NE 1/4 SW 1/4		36		T 14 S		R 3W E/W			
Distance and direction from nearest town or city street address of well if located within city?											
921 TWIN OAKS DR.											
2 WATER WELL OWNER: ROBERT BACHOFER											
RR#, St. Address, Box # : 921 TWIN OAKS DR.						Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : SALINA, KS. 67401						Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL5.6..... ft. ELEVATION:1.241.....									
<div><div>N</div><div><div>-NW-</div><div>-NE-</div><div>-SW-</div><div>-SE-</div></div><div>W</div><div>X</div><div>E</div><div>S</div></div>		Depth(s) Groundwater Encountered 12.4..... ft. 2 ft. 3 ft.									
		WELL'S STATIC WATER LEVEL2.4..... ft. below land surface measured on mo/day/yr7-2.7-0.5.....									
		Pump test data: Well water was2.6..... ft. after1..... hours pumping2.5..... gpm									
		Est. Yield7.5+..... gpm: Well water was ft. after hours pumping gpm									
		WELL WATER TO BE USED AS:									
		1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well									
		2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
		7 Domestic (lawn & garden) 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 diameter5..... in. to5.1..... ft., Dia in. to ft., Dia in. to ft.											
Casing height above land surface1.6..... in., weight1.60..... lbs./ft. Wall thickness or gauge No. <u>SDR 2.6</u>											
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>.025</u> 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: From5.1..... ft. to5.6..... ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From2.2..... ft. to5.6..... 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: From0..... ft. to2.2..... 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? <u>SOUTHEAST</u> How many feet? <u>40</u>											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
0		4		FILL DIRT							
4		18		SANDY LOOM AND CLAY TAN							
18		20		CLAY GRAY SOFT							
20		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) <u>7-2.7-0.5</u> and this record is true to the best of my knowledge and belief. Kansas											
Water Well Contractor's Licence No <u>388</u> This Water Well Record was completed on (mo/day/yr) <u>7-2.7-0.5</u>											
under the business name of <u>PESTINGER PUMP SERVICE</u> by (signature) <u>[Signature]</u>											
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send up 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.											