

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: SALINE		SE 1/4 SW 1/4 NW 1/4	24	T 14 S	R 3 EW
Distance and direction from nearest town or city street address of well if located within city?					
913 S. SANTA FE					
2 WATER WELL OWNER: TOM CHRISTY					
RR#, St. Address, Box # : 913 S. SANTA FE			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 WELL: 64.7 ft. ELEVATION: 1228			
		Depth(s) Groundwater Encountered 1. 33.1 ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL 33.1 ft. below land surface measured on mo/day/yr 5-1-98			
		Pump test data: Well water was 34.3 ft. after 1 hours pumping 30 gpm			
		Est. Yield 75+ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter 9 in. to 65 ft. and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:					
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 <u>Lawn and garden only</u> 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr 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 CASING JOINTS: Glued X Clamped _____ 2 <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____					
Blank casing diameter 5 in. to 56.7 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface 16 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 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot .035 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 64.7 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From 56.7 ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 45 ft. to 64.7 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>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 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 <u>Watertight sewer lines</u> 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____ 13 Insecticide storage					
Direction from well? WEST How many feet? OVER 50					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	FILL DIRT			
2	12	CLAY DARK GRAY			
12	18	SANDY LOOM TAN			
18	44	CLAY GRAY PLASTIC			
44	65	SAND FINE TO COARSE TAN WITH SMALL CLAY LAYERS			
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) 5-1-98 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) 5-1-98 under the business name of PESTINGER PUMP SERVICE by (signature) <i>[Signature]</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.					

OFFICE USE ONLY

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