WATER WELL RECORD   Form WWC-5   KSA 82a-1212

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

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

BOB W. NEAL

2 WATER WELL OWNER: BOB SCHAEDEL
RR#, St. Address, Box # : 101 W. NEAL
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:

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        N
  -- NW --|-- NE --
  X |       |
W  -------  -------  E
  -- SW --|-- SE --
        S
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(1 Mile scale on left and bottom)

4 DEPTH OF COMPLETED WELL.....64.......ft. ELEVATION: .....1243.....

Depth(s) Groundwater Encountered 1...20.2.........ft. 2................ft. 3.........ft.

WELL'S STATIC WATER LEVEL ..20.2.... ft. below land surface measured on mo/day/yr ..12-19-97......

Pump test data: Well water was ..24.9... 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 ....64.......ft., and ....in. to ....ft.

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 Lawn and garden only   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: 5 Wrought iron   8 Concrete tile   CASING JOINTS: Glued ...X...Clamped......
1 Steel   3 RMP (SR)   6 Asbestos-Cement   9 Other (specify below)   Welded ....
2 PVC   4 ABS   7 Fiberglass   ....   Threaded. ....

Blank casing diameter ......5.....in. to ....54......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: 7 PVC   10 Asbestos-cement
1 Steel   3 Stainless steel   5 Fiberglass   8 RMP (SR)   11 Other (specify) ....
2 Brass   4 Galvanized steel   6 Concrete tile   9 ABS   12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped   8 Saw cut   11 None (open hole)
1 Continuous slot   3 Mill slot .035   6 Wire wrapped   9 Drilled holes
2 Louvered shutter   4 Key punched   7 Torch cut 64   10 Other (specify) ....

SCREEN-PERFORATED INTERVALS: From....54.......ft. to....64....ft., From.........ft. to.......ft.
                              From..........ft. to...64...ft., From.........ft. to.......ft.
GRAVEL PACK INTERVALS: From....45.......ft. to....64....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: 10 Livestock pens   14 Abandoned water well
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? 15

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	FILL DIRT			
3	21	CLAY TAN SILTY			
21	47	CLAY TAN PLASTIC			
47	61	SAND FINE TAN			
61	64	CLAY GRAY SOFT			

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) ....12-19-97........................... 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) ....12-19-97....
under the business name of PESTINGER PUMP SERVICE   by (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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY   T   R   E/W   SEC.   ¼   ¼   ¼