

1 LOCATION OF WATER WELL: County: SALINE		Fraction NE ¼ SW ¼ SW ¼	Section Number 3	Township Number T 14 S	Range Number R 3 E/W
Distance and direction from nearest town or city street address of well if located within city? <u>1/4 NORTH OF INTERSECTION ARMSTRONG RD. & FAIRCHILDS RD.</u>					
2 WATER WELL OWNER: WAYNE FULLER RR#, St. Address, Box # : 124 DELAWARE 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="text-align: center;">N +-----+ NW NE +-----+ W X SE E +-----+ S</div>		4 DEPTH OF COMPLETED WELL: <u>45</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. <u>26</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>26</u> ft. below land surface measured on mo/day/yr <u>11-1-91</u> Pump test data: Well water was <u>37</u> ft. after <u>1</u> hours pumping <u>10</u> gpm Est. Yield <u>12</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>9</u> in. to <u>4.5</u> 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 <u>7 Lawn and garden only</u> 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) 2 PVC 4 ABS		CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded _____ Blank casing diameter <u>5</u> in. to <u>35</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>24</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>SDR 26</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot <u>.035</u> 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <u>35</u> ft. to <u>45</u> ft., From _____ ft. to _____ ft. From <u>22</u> ft. to <u>45</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ 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 <u>0</u> ft. to <u>22</u> 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? _____ How many feet? _____ <u>OPEN FIELD NONE APPARENT</u>					
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
0	3	TOP SOIL			
3	25	CLAY GRAY			
25	40	SAND FINE w/TAN CLAY LAYERS			
40	45	GREEN SHELL			
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>11-1-91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>388</u> This Water Well Record was completed on (mo/day/yr) <u>11-1-91</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 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.					