

LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number	
County: SALINE		NE 1/4 SW 1/4 SW 1/4	9		T 14 S		R 3 E/W	
Distance and direction from nearest town or city street address of well if located within city?								
600 N. HALSTEAD RD.								
2 WATER WELL OWNER: MRS. FRANK BRIGHTBILL								
RR#, St. Address, Box # : 600 N. HALSTEAD RD.								
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:			4 DEPTH OF COMPLETED WELL: 57 ft. ELEVATION:					
			Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.					
			WELL'S STATIC WATER LEVEL . . 18.5 . . . ft. below land surface measured on mo/day/yr 4-28-92					
			Pump test data: Well water was . . 23.5 . . . ft. after . . . 2 . . . hours pumping . . . 35 . . . gpm					
			Est. Yield . . 7.5+ . . gpm: Well water was . . . ft. after . . . hours pumping . . . gpm					
			Bore Hole Diameter . . . 9 . . . in. to . . . 57 . . . 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:								
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued . . X . . Clamped								
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded								
7 Fiberglass Threaded								
Blank casing diameter . . 5 . . . in. to . . . 47 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.								
Casing height above land surface . . 24 . . . 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 . . 0.030 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 10 Other (specify)								
SCREEN-PERFORATED INTERVALS: From . . . 47 . . . ft. to . . . 57 . . . ft., From . . . ft. to . . . ft.								
From . . . ft. to . . . ft., From . . . ft. to . . . ft.								
GRAVEL PACK INTERVALS: From . . . 30 . . . ft. to . . . 57 . . . 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 . . . 4 . . . ft. to . . . 26 . . . 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								
How many feet? 50								
Direction from well? NORTHEAST								
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS								
0 3 TOP SOIL								
3 35 CLAY DARK BROWN								
35 40 SAND FINE GRAVEL SMALL								
40 50 CLAY GRAY								
50 57 SAND MED. GRAVEL SMALL								
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) 4-28-92 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) 4-28-92								
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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.								