

LOCATION OF WATER WELL
County: **Saline**
Section Number: **13** Township Number: **T 1314 S** Range Number: **R 3 E**
Distance and direction from nearest town or city? _____ Street address of well if located within city? **325 S. Penn**

WATER WELL OWNER: **Dale Jellison**
R#, St. Address, Box #: **325 S. Penn**
City, State, ZIP Code: **Salina, Ks. 67401**
Board of Agriculture, Division of Water Resources
Application Number: _____

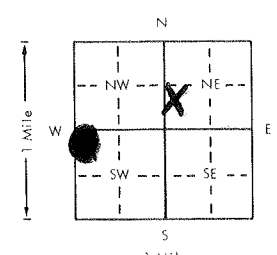
DEPTH OF COMPLETED WELL: **50** ft. Bore Hole Diameter: **8 1/2** in. to _____ ft., and _____ in. to _____ ft.
Well Water to be used as:
1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well
2 Irrigation 4 Industrial **X** Lawn and garden only 9 Dewatering 12 Other (Specify below) _____
10 Observation well _____
Well's static water level: **31** ft. below land surface measured on _____ month **11** day **81** year
Pump Test Data: Well water was **40** ft. after **3** hours pumping **15** gpm
Test Yield **60** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

TYPE OF BLANK CASING USED:
1 Steel **X** 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 dia: **5** in. to **45** ft. Dia **X** 200 in. to _____ ft. Dia _____ in. to _____ ft.
Casing height above land surface: **12** in. weight _____ lbs./ft. Wall thickness or gauge No **X** 214

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless steel 5 Fiberglass **X** 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 5 Gauzed wrapped **X** 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-Perforation Dia: **5** in. to **5** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
Screen-Perforated Intervals: From **45** ft. to **50** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
Gravel Pack Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GROUT MATERIAL: 1 Neat cement **X** Cement grout 3 Bentonite 4 Other _____
Grouted Intervals: From **1** ft. to **10** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
What is the nearest source of possible contamination:
1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
3 Lateral lines 6 Pit privy 9 Livestock pens **X** 12 Insecticide storage 16 Other (specify below) _____
13 Watertight sewer lines _____
Direction from well: **East** How many feet **50** ? Water Well Disinfected? Yes **X** No _____
Has a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, date sample submitted _____ month _____ day _____ year
Pump Installed? Yes **X** No _____
Yes: Pump Manufacturer's name: **Webtrol** Model No. **102s58b** HP **1/2** Volts **115**
Depth of Pump Intake: **40** ft. Pumps Capacity rated at **13** gal./min.
Type of pump: **X** Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **March** month **11** day **81** year
I declare 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 **April 23** month **23** day **81** year under the business name of **Pestinger Pump Service** by (signature) **Dale J. Pestinger**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG
1 **5** **Dirt** _____
6 **20** **Sand** _____
21 **50** **Light Gravel** _____
ELEVATION: _____

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)
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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.