

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number					
County: SALINE		SE 1/4 NE 1/4 SW 1/4	14		T 14 S		R 3 EW					
Distance and direction from nearest town or city street address of well if located within city? 1201 W. WALNUT												
2 WATER WELL OWNER: STAR ELECTRIC INC.												
RR#, St. Address, Box # : 1201 W. WALNUT 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: 74 1/2 ft. ELEVATION: 1250									
<div style="text-align: center;">N 1 Mile W E S</div> <table border="1" style="margin: auto; text-align: center; width: 150px; height: 150px;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>			NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. 32 ft. 2. ft. 3. ft.					
			NW	NE								
			SW	SE								
			WELL'S STATIC WATER LEVEL 32 ft. below land surface measured on mo/day/yr 8-25-89									
			Pump test data: Well water was 36 ft. after 1 hours pumping 25 gpm									
Est. Yield 60 gpm: Well water was ft. after hours pumping gpm												
			Bore Hole Diameter 9 in. to 75 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 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 65 ft. Dia. in. to ft. Dia. in. to ft.												
Casing height above land surface 12 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)												
			9 ABS 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:												
1 Continuous slot 3 Mill slot 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 65 ft. to 74 1/2 ft. From ft. to ft.												
From ft. to ft. From ft. to ft.												
GRAVEL PACK INTERVALS: From 55 ft. to 74 1/2 ft. From ft. to ft.												
From ft. to ft. From ft. to ft.												
6 GROUT MATERIAL:												
1 Neat cement 22 2 Cement grout 3 Bentonite 4 Other												
Grout intervals: From 1 ft. to 22 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									
Direction from well? NORTHEAST			How many feet? 50									
FROM TO		LITHOLOGIC LOG	FROM TO		PLUGGING INTERVALS							
0	3	TOP SOIL										
3	52	CLAY										
52	55	SAND										
55	60	CLAY										
60	70	MED. SAND & GRAVEL W/CLAY LAYERS										
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) 8-26-89 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) 8-26-89 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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.												