

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number						
County: <u>SALINE</u>		NE 1/4 NW 1/4 NE 1/4	23		T 14 S	R 3 EW						
Distance and direction from nearest town or city street address of well if located within city? <u>709 WASHINGTON</u>												
2 WATER WELL OWNER: RENE LAURENT												
RR#, St. Address, Box #: <u>709 WASHINGTON</u>				Board of Agriculture, Division of Water Resources								
City, State, ZIP Code: <u>SALINA, KS. 67401</u>				Application Number:								
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>66</u> ft. ELEVATION: <u>1227</u>										
<div style="text-align: center;">N 1 Mile W E S</div> <table border="1" style="margin: auto; text-align: center;"><tr><td></td><td>XI</td></tr><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>			XI	NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. <u>43</u> ft. 2. _____ ft. 3. _____ ft.				
			XI									
		NW	NE									
		SW	SE									
		WELL'S STATIC WATER LEVEL <u>43</u> ft. below land surface measured on mo/day/yr <u>7-16-90</u>										
Pump test data: Well water was <u>55</u> ft. after <u>1</u> hours pumping <u>12</u> gpm												
Est. Yield <u>25</u> gpm: Well water was <u>61</u> ft. after <u>.5</u> hours pumping <u>25</u> gpm												
Bore Hole Diameter <u>9</u> in. to <u>66</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)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped _____							
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____							
			7 Fiberglass		Threaded _____							
Blank casing diameter <u>5</u> in. to <u>56</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.												
Casing height above land surface <u>12</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)	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 <u>.035</u>	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 <u>56</u> ft. to <u>66</u> ft., From _____ ft. to _____ ft.												
From _____ ft. to _____ ft., From _____ ft. to _____ ft.												
GRAVEL PACK INTERVALS:												
From <u>23</u> ft. to <u>66</u> 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>23</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)							
				13 Insecticide storage								
Direction from well? <u>NORTH</u>				How many feet? <u>OVER 50</u>								
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS							
0	3	TOP SOIL										
3	35	CLAY										
35	43	SANDY LOAM & CLAY MIXED										
43	50	SAND FINE										
50	53	BROWN CLAY										
53	55	SAND MED.										
55	58	CLAY BROWN										
58	66	SAND MED.										
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>7-16-90</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>7-17-90</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 answer. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.												

OFFICE USE ONLY

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