

1) LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Saline</u>	<u>685</u>	NW ¼ NW ¼ NE ¼	<u>23</u>	T <u>14</u> S	R <u>3</u> E/W
Distance and direction from nearest town or city street address of well if located within city?					
<u>536 Montrose</u>					
2) WATER WELL OWNER: <u>Ward Davis</u>			Board of Agriculture, Division of Water Resources		
RR#, St. Address, Box # : <u>536 Montrose</u>			Application Number:		
City, State, ZIP Code : <u>Salina Ks. 67401</u>					
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL . . . 62 . . . ft. ELEVATION: 1100 . . .			
		Depth(s) Groundwater Encountered 1. . . <u>36</u> . . . ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL . . <u>36</u> . . . ft. below land surface measured on mo/day/yr . . <u>3-14-88</u> .			
		Pump test data: Well water was . . <u>38</u> . . . ft. after . . . <u>1</u> . . . hours pumping . . <u>20</u> . . . gpm			
		Est. Yield . <u>60+</u> . . . gpm: Well water was . . . ft. after . . . hours pumping . . . gpm			
		Bore Hole Diameter . . <u>8½</u> . . . in. to . . <u>53</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 7 Lawn and garden only 10 Observation 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	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter . . . <u>5</u> . . . in. to . . <u>55</u> . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.				CASING JOINTS: Glued . . <u>X</u> . . Clamped . . .	
Casing height above land surface . . <u>18</u> . . . in., weight . . <u>160</u> . . . lbs./ft. Wall thickness or gauge No. <u>SDR 26</u>				Welded . . .	
TYPE OF SCREEN OR PERFORATION MATERIAL:				Threaded . . .	
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify)	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:				8 Saw cut	
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify)	
SCREEN-PERFORATED INTERVALS:		From . . <u>55</u> . . . ft. to . . <u>62</u> . . . ft., From . . . ft. to . . . ft.		11 None (open hole)	
		From . . . ft. to . . . ft., From . . . ft. to . . . ft.			
GRAVEL PACK INTERVALS:		From none . . . ft. to . . . ft., From . . . ft. to . . . ft.			
		From . . . ft. to . . . ft., From . . . ft. to . . . ft.			
6) GROUT MATERIAL:					
Grout Intervals: From . . <u>1</u> . . . ft. to . . <u>20</u> . . . ft., From . . . ft. to . . . ft.		1 Neat cement		2 Cement grout	
		3 Bentonite		4 Other	
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well? <u>East</u>				How many feet? <u>60</u>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>1</u>	<u>4</u>	<u>Top Soil</u>			
<u>4</u>	<u>36</u>	<u>Clay</u>			
<u>36</u>	<u>51</u>	<u>Sand</u>			
<u>51</u>	<u>53</u>	<u>Clay</u>			
<u>53</u>	<u>62</u>	<u>Med. To Heavy Sand</u>			
7) CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , <u>(2) reconstructed</u> , or <u>(3) plugged</u> under my jurisdiction and was completed on (mo/day/year) . . . <u>3-14-88</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>3-14-88</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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					