

1 LOCATION OF WATER WELL		Fraction SE <u>NE</u> NE <u>NE</u>		Section Number <u>23</u>	Township Number <u>14</u> S	Range Number <u>3</u> E/W		
County: <u>Saline</u>				Distance and direction from nearest town or city?				
				Street address of well if located within city? <u>625 s. 9</u>				
2 WATER WELL OWNER: <u>Al Speer</u>								
RR#, St. Address, Box #: <u>625 s. 9</u>								
City, State, ZIP Code: <u>Salina, Ks. 67401</u>								
Board of Agriculture, Division of Water Resources Application Number:								
3 DEPTH OF COMPLETED WELL: <u>64</u> ft. Bore Hole Diameter: <u>8 1/2</u> in. to <u>64</u> ft., and _____ in. to _____ ft.								
Well Water to be used as:								
1 Domestic		3 Feedlot		5 Public water supply		8 Air conditioning		
2 Irrigation		4 Industrial		6 Oil field water supply		9 Dewatering		
		<input checked="" type="checkbox"/> Lawn and garden only		10 Observation well		11 Injection well		
						12 Other (Specify below)		
Well's static water level: <u>39</u> ft. below land surface measured on _____ month _____ day _____ year								
Pump Test Data: Well water was <u>40</u> ft. after _____ hours pumping _____ gpm								
Est. Yield <u>80</u> gpm: Well water was <u>50</u> ft. after _____ hours pumping _____ gpm								
4 TYPE OF BLANK CASING USED:								
1 Steel		<input checked="" type="checkbox"/> RMP (SR)		5 Wrought iron		8 Concrete tile		
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		
				7 Fiberglass		Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____		
						Welded _____		
						Threaded _____		
Blank casing dia: <u>5</u> in. to <u>58</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.								
Casing height above land surface: <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>214</u>								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC		
2 Brass		4 Galvanized steel		6 Concrete tile		<input checked="" type="checkbox"/> RMP (SR)		
						10 Asbestos-cement		
						11 Other (specify)		
						12 None used (open hole)		
Screen or Perforation Openings Are:								
1 Continuous slot		3 Mill slot		5 Gauzed wrapped		<input checked="" type="checkbox"/> Saw cut		
2 Louvered shutter		4 Key punched		6 Wire wrapped		11 None (open hole)		
				7 Torch cut		9 Drilled holes		
						10 Other (specify)		
Screen-Perforation Dia: <u>5</u> in. to <u>6</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.								
Screen-Perforated Intervals: From <u>58</u> ft. to <u>64</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.								
Gravel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.								
5 GROUT MATERIAL:								
1 Neat cement		<input checked="" type="checkbox"/> Cement grout		3 Bentonite		4 Other		
Grouted Intervals: From <u>1</u> ft. to <u>10</u> 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		
2 Sewer lines		5 Seepage pit		8 Feed yard		11 Fertilizer storage		
3 Lateral lines		6 Pit privy		9 Livestock pens		12 Insecticide storage		
						14 Abandoned water well		
						15 Oil well/Gas well		
						16 Other (specify below)		
						<input checked="" type="checkbox"/> Watertight sewer lines		
Direction from well: <u>west</u> How many feet: <u>75</u> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____								
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year								
Pump Installed? Yes <input checked="" type="checkbox"/> No _____								
If Yes: Pump Manufacturer's name: <u>Webtrol</u> Model No. <u>102s58b</u> HP <u>1/2</u> Volts <u>230</u>								
Depth of Pump Intake: <u>50</u> ft. Pumps Capacity rated at <u>13</u> gal./min.								
Type of pump: <input checked="" type="checkbox"/> Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other								
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year								
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 _____ month _____ day _____ year under the business name of <u>Pestinger Pump Service</u> by (signature) <u>[Signature]</u>								
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:								
		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
		1	18	Dirt				
		19	25	Dry Sand				
		26	49	Small Gravel				
		49	50	Clay				
	51	64	Medium 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.								

OFFICE USE ONLY

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EOD

SEC

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SE 1/4

NE 1/4

SW 1/4

SE 1/4