

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number		Township Number		Range Number	
County: <u>SALINE</u>		SW 1/4 NW 1/4 NW 1/4	24		T 14 S		R 3 E/W	
Distance and direction from nearest town or city street address of well if located within city? <u>801 S. 9th</u>								
<b>2 WATER WELL OWNER:</b> <u>MIKE BROWN</u>								
RR#, St. Address, Box # : <u>801 S. 9th</u>					Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : <u>SALINA, KS. 67401</u>					Application Number:			
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>			<b>4 DEPTH OF COMPLETED WELL:</b> <u>61</u> ft. <b>ELEVATION:</b> <u>1231</u>					
<div style="text-align: center;"><p>1 Mile</p></div>			Depth(s) Groundwater Encountered 1. <u>41</u> ft. 2. _____ ft. 3. _____ ft.					
			WELL'S STATIC WATER LEVEL <u>41</u> ft. below land surface measured on mo/day/yr <u>3-10-91</u>					
			Pump test data: Well water was <u>43</u> ft. after <u>1</u> hours pumping <u>30</u> gpm					
			Est. Yield <u>75</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm					
			Bore Hole Diameter <u>9</u> in. to <u>61</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 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 _____								
<b>5 TYPE OF BLANK CASING USED:</b>								
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 _____		
Blank casing diameter <u>5</u> in. to <u>51</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			7 Fiberglass			Threaded _____		
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 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>51</u> ft. to <u>61</u> ft., From _____ ft. to _____ ft.								
From _____ ft. to _____ ft., From _____ ft. to _____ ft.								
GRAVEL PACK INTERVALS: From <u>25</u> ft. to <u>61</u> ft., From _____ ft. to _____ ft.								
From _____ ft. to _____ ft., From _____ ft. to _____ ft.								
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____								
Grout Intervals: From <u>0</u> ft. to <u>25</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>EAST</u>			How many feet? <u>30</u>					
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS								
0 3 TOP SOIL								
3 36 CLAY GRAY								
36 49 SAND FINE								
49 50 CLAY GRAY								
50 61 MED. SAND & SMALL GRAVEL								
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3-10-91</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>3-10-91</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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.								