

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: <u>SALINE</u>		<u>NE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$		<u>25</u>		<u>T</u> <u>14</u> <u>S</u>		<u>R</u> <u>3</u> <u>E/W</u>			
Distance and direction from nearest town or city street address of well if located within city? <u>2316 AURORA AVE.</u>											
2 WATER WELL OWNER: <u>STEVE PHILLIPS</u>											
RR#, St. Address, Box #: <u>2316 AURORA AVE.</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>42</u> ft. ELEVATION: <u>1231</u>									
		Depth(s) Groundwater Encountered 1. <u>13</u> ft. 2. . ft. 3. . ft.									
		WELL'S STATIC WATER LEVEL <u>13</u> ft. below land surface measured on mo/day/yr <u>6-27-94</u>									
		Pump test data: Well water was . ft. after . hours pumping . gpm									
		Est. Yield . gpm: Well water was . ft. after . hours pumping . gpm									
		Bore Hole Diameter . in. to . ft., and . in. to . ft.									
WELL WATER TO BE USED AS:											
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 .; 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 . Clamped . 2 PVC      4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded . 7 Fiberglass      Threaded.											
Blank casing diameter <u>4</u> in. to . ft., Dia . in. to . ft., Dia . in. to . ft.											
Casing height <u>48</u> in. weight . lbs./ft. Wall thickness or gauge No. .											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
1 Steel      3 Stainless steel      5 Fiberglass      8 RMP (SR)      11 Other (specify) <u>NA</u> 2 Brass      4 Galvanized steel      6 Concrete tile      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) <u>NA</u>											
SCREEN-PERFORATED INTERVALS: From <u>NA</u> ft. to <u>NA</u> ft., From . ft. to . ft.											
GRAVEL PACK INTERVALS: From . ft. to . ft., From . ft. to . ft.											
6 GROUT MATERIAL: 1 Neat cement      2 <u>Cement grout</u> 3 Bentonite      4 Other .											
Grout Intervals: From <u>13</u> ft. to <u>4</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 <u>Watertight sewer lines</u> 6 Seepage pit      9 Feedyard      12 Fertilizer storage      16 Other (specify below) 13 Insecticide storage											
Direction from well? <u>SOUTH</u> How many feet? <u>12</u>											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
						<u>42</u>		<u>13</u>		<u>CHLORATED GRAVEL</u>	
						<u>13</u>		<u>4</u>		<u>BENTONITE HOLEPLUG</u>	
						<u>4</u>		<u>0</u>		<u>FILL DIRT</u>	
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>6-27-94</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>6-27-94</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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.											