

[1] LOCATION OF WATER WELL: County: SALINE		Fraction <div style="text-align:center;">NE SE SW NW</div>	Section Number 25	Township Number T 14 S	Range Number R 3 E/W				
Distance and direction from nearest town or city street address of well if located within city? 518 MONTCLAIR									
[2]	WATER WELL OWNER: PAUL HINEN RR#, St. Address, Box #: 518 MONTCLAIR City, State, ZIP Code : SALINA, KS. 67401		Board of Agriculture, Division of Water Resources Application Number:						
[3]	LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="margin-top: 10px; text-align: center;"><table border="1" style="margin-left:auto; margin-right:auto; width: 150px; height: 100px;"><tr><td>NW</td><td>NE</td></tr><tr><td>X SW</td><td>SE</td></tr></table></div>		NW	NE	X SW	SE	[4]	DEPTH OF COMPLETED WELL .55 ft. ELEVATION: 1240 Depth(s) Groundwater Encountered 24.5 ft. WELL'S STATIC WATER LEVEL 24.5 ft. below land surface measured on mo/day/yr 5-8-92 Pump test data: Well water was 29 ft. after 1 hours pumping 35 gpm Est. Yield 75+ gpm; Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 9 in. to 55 ft., and _____ in. to _____ ft.	
NW	NE								
X SW	SE								
TYPE OF BLANK CASING USED: Blank casing diameter 5 in. to 45 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 16 in., weight 160 lbs./ft. Wall thickness or gauge No. SDR 26									
CASING JOINTS: Glued X Clamped _____ Welded _____ Threaded _____									
TYPE OF SCREEN OR PERFORATION MATERIAL: SCREEN OR PERFORATION OPENINGS ARE: From 45 ft. to 55 ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 35 ft. to 55 ft., From _____ ft. to _____ ft.									
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From 0 ft. to 22 ft., From _____ ft. to _____ ft.									
What is the nearest source of possible contamination: Direction from well? WEST How many feet? 25									
		LITHOLOGIC LOG			PLUGGING INTERVALS				
FROM	TO		FROM	TO					
0	2	TOP SOIL							
2	27	CLAY TAN FIRM							
27	36	SAND FINE							
36	37	CLAY TAN							
37	55	SAND MED.							
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) 5-7-92 and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. 388 This Water Well Record was completed on (mo/day/yr) 5-7-92 by signature Paul J Pestinger									
under the business name of PESTINGER PUMP SERVICE									
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.									