

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number					
County: <b>SALINE</b>		<b>SW 1/4 NE 1/4 SE 1/4</b>	<b>25</b>		<b>T 14 S</b>		<b>R 3 EW</b>					
Distance and direction from nearest town or city street address of well if located within city? <b>2235 ROACH</b>												
2 WATER WELL OWNER: <b>RAYMOND STAUFFER</b> RR#, St. Address, Box # : <b>2235 ROACH</b> City, State, ZIP Code : <b>SALINA, KS. 67401</b> Board of Agriculture, Division of Water Resources Application Number:												
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL: <b>50</b> ft. ELEVATION: <b>1240</b>									
<div style="text-align: center;">N 1 Mile W E S</div> <table border="1" style="margin: auto; text-align: center;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>			NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. <b>19</b> ft. 2. ft. 3. ft.					
			NW	NE								
			SW	SE								
			WELL'S STATIC WATER LEVEL <b>19</b> ft. below land surface measured on mo/day/yr <b>5-1-91</b>									
			Pump test data: Well water was <b>20</b> ft. after <b>1</b> hours pumping <b>30</b> gpm									
Est. Yield <b>75+</b> gpm: Well water was ft. after hours pumping gpm												
			Bore Hole Diameter <b>9</b> in. to <b>50</b> 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 <b>X</b> ; If yes, mo/day/yr sample was submitted									
			Water Well Disinfected? Yes <b>X</b> 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 <b>5</b> in. to <b>40</b> ft., Dia in. to ft., Dia in. to ft.												
Casing height above land surface <b>24</b> in., weight <b>160</b> lbs./ft. Wall thickness or gauge No. <b>SDR 26</b>												
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 <b>.035</b>			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 <b>40</b> ft. to <b>50</b> ft., From ft. to ft.												
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>50</b> ft., From ft. to ft.												
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other												
Grout Intervals: From <b>0</b> ft. to <b>20</b> 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			11 Fuel storage 15 Oil well/Gas well									
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)			13 Insecticide storage									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard												
Direction from well? <b>SOUTH</b> How many feet? <b>15</b>												
FROM		TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS					
0		3	TOP SOIL									
3		9	CLAY GRAY									
9		18	SANDY LOOM									
18		36	SAND									
36		37	CLAY GRAY									
37		50	MED. SAND & SMALL GRAVEL									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>5-1-91</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>388</b> This Water Well Record was completed on (mo/day/yr) <b>5-1-91</b> under the business name of <b>PESTINGER PUMP SERVICE</b> by (signature) <i>[Signature]</i>												
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.												

OFFICE USE ONLY

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