WATER WELL RECORD   Form WWC-5   KSA 82a-1212

1 LOCATION OF WATER WELL:

County: SALINE	Fraction SW ¼ NE ¼ SW ¼	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?

2134 WESLEY

2 WATER WELL OWNER: KENNETH BLAKE

RR#, St. Address, Box # : 2134 WESLEY

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:

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          N
   -- NW --  -- NE --
 W                     E
   -- SW --  -- SE --
       X
          S
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(1 Mile on left axis)

4 DEPTH OF COMPLETED WELL....22........ ft. ELEVATION: .1230.

Depth(s) Groundwater Encountered 1.....22.......ft. 2........................ft. 3..............ft.

WELL'S STATIC WATER LEVEL ....22..... ft. below land surface measured on mo/day/yr .5-16-90.

Pump test data: Well water was .25...... ft. after ...1..... hours pumping ..30..... gpm

Est. Yield ..75... gpm: Well water was .... ft. after .... hours pumping .... gpm

Bore Hole Diameter....9.....in. to ....50.......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. X.....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron 8 Concrete tile
2 PVC	4 ABS	6 Asbestos-Cement 9 Other (specify below)
		7 Fiberglass

CASING JOINTS: Glued ...X..Clamped......

Welded..................

Threaded..................

Blank casing diameter ....5....in. to 40....ft., Dia ....in. to ......ft., Dia ......in. to ......ft.

Casing height above land surface...12.........in., weight ....160........lbs./ft. Wall thickness or gauge No. ....SDR 26

TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC   10 Asbestos-cement

1 Steel   3 Stainless steel   5 Fiberglass   8 RMP (SR)   11 Other (specify) ....

2 Brass   4 Galvanized steel   6 Concrete tile   9 ABS   12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped   8 Saw cut   11 None (open hole)

1 Continuous slot   3 Mill slot .035   6 Wire wrapped   9 Drilled holes

2 Louvered shutter   4 Key punched   7 Torch cut   10 Other (specify) ....

SCREEN-PERFORATED INTERVALS: From....40....ft. to ...50....ft., From ....ft. to ....ft.

From ....ft. to ....ft., From ....ft. to ....ft.

GRAVEL PACK INTERVALS: From....22....ft. to ...50....ft., From ....ft. to ....ft.

From ....ft. to ....ft., From ....ft. to ....ft.

6 GROUT MATERIAL: 1 Neat cement   2 Cement grout   3 Bentonite   4 Other ....

Grout Intervals: From.....0.....ft. to ....22....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? EAST   How many feet? OVER 75

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	TOP SOIL			
3	22	CLAY			
22	32	SANDY LOOM			
32	34	CLAY			
34	43	MED. SAND			
43	44	CLAY			
44	50	MED. SAND & GRAVEL			

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) .....5-16-90..... 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) 5-18-90 under the business name of PESTINGER PUMP SERVICE   by (signature) _[signature]_

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.

(Right margin: OFFICE USE ONLY   T   R   EW   SEC.   ¼   ¼   ¼)