

1 LOCATION OF WATER WELL: County: SALINE		Section Number 25		Township Number T 14 S		Range Number R 9 E/W					
Distance and direction from nearest town or city street address of well if located within city? 2087 LELANDWAY											
2 WATER WELL OWNER: MARVIN PERSIGHEL RR#, St. Address, Box #: 2087 LELANDWAY 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:		4 DEPTH OF COMPLETED WELL: 48 ft. ELEVATION: _____									
		Depth(s) Groundwater Encountered 1. 18 ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL 21 ft. below land surface measured on mo/day/yr 7-11-84 Pump test data: Well water was 25 ft. after 1 hours pumping 40 gpm Est. Yield 100 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter: 8 1/2 in. to 48 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 X Lawn and garden only 10 Observation 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 X PVC 3 RMP (SR) 4 ABS Blank casing diameter 5 in. to 43 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. 8 D.P.R.G.									
		TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass X PVC 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____ 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped X 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 43 ft. to 48 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From NONE ft. to _____ ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL:		1 Neat cement X Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From 1 ft. to 10 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 X Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____ 13 Insecticide storage _____ Direction from well? NORTH How many feet? 30									
FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
1		9		TOP SOIL							
10		18		SANDY LOAM							
19		20		CLAY							
21		27		SAND							
28		31		CLAY							
32		48		MED GRAVEL							
49				CLAY							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 7-11-84 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) 7-11-84 under the business name of PESTINGEE PUMP SERVICE by signature Paul S. Persigehl											
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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.											

OFFICE USE ONLY

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SEC

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