

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number		Township Number	Range Number	
County: <b>SALINE</b>	<b>SE</b> $\frac{1}{4}$ <b>SE</b> $\frac{1}{4}$ <b>NE</b> $\frac{1}{4}$	<b>26</b>	<b>14</b>		<b>3</b>	<b>R</b>	<b>E/W</b>
Distance and direction from nearest town or city street address of well if located within city? <b>419 MAPLE</b>							
<b>2 WATER WELL OWNER: FRED KLINE</b>							
RR#, St. Address, Box # : <b>419 MAPLE</b>				Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : <b>SALINA, KS. 67401</b>				Application Number:			
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL . . . . . 50 . . . . . ft. ELEVATION: . . . . . 1240</b>					
		Depth(s) Groundwater Encountered 1. <b>34</b> . . . . . ft. 2. . . . . ft. 3. . . . . ft.					
		WELL'S STATIC WATER LEVEL . . . . . <b>34</b> . . . . . ft. below land surface measured on mo/day/yr <b>4-20-91</b>					
		Pump test data: Well water was . . . . . <b>36</b> . . . . . ft. after . . . . . <b>25</b> . . . . . hours pumping . . . . . <b>25</b> . . . . . gpm					
		Est. Yield . . . . . <b>50+</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:    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..... <b>X</b> .....; If yes, mo/day/yr sample was submitted							
Water Well Disinfected? Yes <b>X</b> No							
<b>5 TYPE OF BLANK CASING USED:</b>							
1 Steel		3 RMP (SR)		5 Wrought iron		8 Concrete tile	
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)	
				7 Fiberglass			
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>18</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		7 PVC	
2 Brass		4 Galvanized steel		6 Concrete tile		8 RMP (SR)	
						9 ABS	
						10 Asbestos-cement	
						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	
2 Louvered shutter		4 Key punched		6 Wire wrapped		9 Drilled holes	
				7 Torch cut		10 Other (specify)	
						11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From . . . . . <b>40</b> . . . . . ft. to . . . . . <b>50</b> . . . . . ft., From . . . . . ft. to . . . . . ft.							
From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.							
GRAVEL PACK INTERVALS: From . . . . . <b>20</b> . . . . . ft. to . . . . . <b>50</b> . . . . . ft., From . . . . . ft. to . . . . . ft.							
From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.							
<b>6 GROUT MATERIAL:</b> 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., From . . . . . ft. to . . . . . ft.							
What is the nearest source of possible contamination:							
1 Septic tank		4 Lateral lines		7 Pit privy		10 Livestock pens	
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage	
						13 Insecticide storage	
						14 Abandoned water well	
						15 Oil well/Gas well	
						16 Other (specify below)	
Direction from well? <b>SOUTH</b> How many feet? <b>25</b>							
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS		
0	5	TOP SOIL					
5	28	CLAY GRAY					
28	45	SAND MED.					
45	50	MED. SAND & SMALL GRAVEL					
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>4-20-91</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>4-20-91</b> under the business name of <b>PESTINGER PUMP SERVICE</b> by (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.							