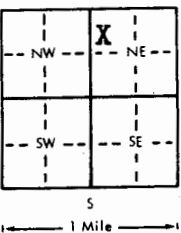


1 LOCATION OF WATER WELL		Fraction <input checked="" type="checkbox"/> SW <input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SE	Section Number	Township Number	Range Number		
County: Saline		<input checked="" type="checkbox"/> $\frac{1}{4}$ <input type="checkbox"/> $\frac{1}{4}$ <input type="checkbox"/> $\frac{1}{4}$	36	T 14 S	R 3 EW		
Distance and direction from nearest town or city?			Street address of well if located within city?				
			2516 Edward				
2 WATER WELL OWNER: Emmet Erwin							
RR#, St. Address, Box #: 2516 Edward							
City, State, ZIP Code: Salina, Ks. 67401							
Board of Agriculture, Division of Water Resources Application Number:							
3 DEPTH OF COMPLETED WELL: 60 ft. Bore Hole Diameter: 8 1/2 in. to 48 ft., and _____ in. to _____ ft.							
Well Water to be used as:							
1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well							
2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)							
<input checked="" type="checkbox"/> Lawn and garden only 10 Observation well							
Well's static water level 19 ft. below land surface measured on _____ month _____ day _____ year							
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm							
Est. Yield 80 to 100 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
4 TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____							
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____							
7 Fiberglass Threaded _____							
Blank casing dia. 5 in. to 55 ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.							
Casing height above land surface 12 in., weight 250 lbs./ft. Wall thickness or gauge No. sdr26							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel 3 Stainless steel 5 Fiberglass <input checked="" type="checkbox"/> 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 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-Perforation Dia. 5 in. to 5 ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.							
Screen-Perforated Intervals: From _____ ft. to 55 ft. to 60 ft. From _____ ft. to _____ ft. to _____ ft.							
Gravel Pack Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
5 GROUT MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> Cement grout 3 Bentonite 4 Other _____							
Grouted 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 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well							
2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well							
3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)							
<input checked="" type="checkbox"/> Watertight sewer lines							
Direction from well Southwest How many feet 40 ? Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>							
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No _____							
If Yes: Pump Manufacturer's name Red Jacket Model No. n9bcb HP _____ Volts _____							
Depth of Pump Intake 40 ft. Pumps Capacity rated at 13 gal./min.							
Type of pump: <input checked="" type="checkbox"/> Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____							
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year							
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 _____ month _____ day _____ year under the business name of Pestinger Pump Service by (signature) X Paul Pestinger							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		1	15	Dirt			
		16	33	Fine Sand			
		33	36	Clay			
		37	60	Medium Gravel			
ELEVATION:							
Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)							
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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.							