

1 LOCATION OF WATER WELL		Fraction <u>SE</u>		NE		Section Number		Township Number		Range Number	
County: <u>Saline</u>		NE $\frac{1}{4}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$				<u>36</u>		T <u>14</u> S		R <u>3</u> EW	
Distance and direction from nearest town or city?						Street address of well if located within city? <u>1009 Neal</u>					
2 WATER WELL OWNER: <u>Bob Edwards</u>											
RR#, St. Address, Box #: <u>1009 Neal</u>						Board of Agriculture, Division of Water Resources					
City, State, ZIP Code: <u>Salina, Ks. 67401</u>						Application Number:					
3 DEPTH OF COMPLETED WELL: <u>51</u> ft. Bore Hole Diameter: <u>8 1/2</u> in. to <u>48</u> ft., and _____ in. to _____ ft.											
Well Water to be used as:											
1 Domestic		3 Feedlot		6 Oil field water supply		8 Air conditioning		11 Injection well			
2 Irrigation		4 Industrial		<input checked="" type="checkbox"/> Lawn and garden only		9 Dewatering		12 Other (Specify below)			
Well's static water level: <u>20</u> ft. below land surface measured on _____ 5 month _____ 14 day _____ 81 year											
Pump Test Data: Well water was _____ 21 ft. after _____ 1 hours pumping _____ 40 gpm											
Est. Yield: <u>100</u> 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: <u>5</u> in. to <u>4 5/8</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.											
Casing height above land surface: <u>12</u> in., weight <u>200</u> lbs./ft. Wall thickness or gauge No. <u>21 1/4</u>											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC		10 Asbestos-cement			
2 Brass		4 Galvanized steel		6 Concrete tile		<input checked="" type="checkbox"/> 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		<input checked="" type="checkbox"/> 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: <u>5</u> in. to <u>6</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.											
Screen-Perforated Intervals: From <u>45</u> ft. to <u>51</u> ft., From _____ ft. to _____ ft., From _____ 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 <u>1</u> ft. to <u>10</u> 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)			
						13 Watertight sewer lines					
Direction from well: <u>South</u> How many feet: <u>30</u> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No											
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 <input checked="" type="checkbox"/> No											
If Yes: Pump Manufacturer's name: <u>Red Jacket</u> Model No. <u>n9ccb</u> HP <u>1 1/2</u> Volts <u>230</u>											
Depth of Pump Intake: <u>40</u> ft. Pumps Capacity rated at <u>1.3</u> 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 _____ 5 month _____ 14 day _____ 81 year											
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>388</u>											
This Water Well Record was completed on _____ 5 month _____ 15 day _____ 81 year under the business name of <u>Pestinger Pump Service</u> by (signature) <u>X Paul S Pestinger</u>											
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:											
		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG				
		1	15	Dirt							
		16	28	Sandy loam							
		29	34	Clay							
		35	51	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.											