

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>SALINE</u>		<u>NW 1/4 SE 1/4 NE 1/4</u>	<u>36</u>	<u>T 14 S</u>	<u>R 3 E</u>
Distance and direction from nearest town or city?			Street address of well if located within city?		
			<u>611 POST OAK LANE</u>		
2 WATER WELL OWNER: <u>CIAZENCE LEIKER</u>					
RR#, St. Address, Box #: <u>611 POST OAK LANE</u>					
City, State, ZIP Code: <u>SALINA, KS</u>					
Board of Agriculture, Division of Water Resources					
Application Number:					
3 DEPTH OF COMPLETED WELL: <u>48</u> ft. Bore Hole Diameter: <u>3 1/2</u> in. to <u>48</u> 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)					
X Lawn and garden only 10 Observation well					
Well's static water level: <u>18</u> ft. below land surface measured on <u>9</u> month <u>16</u> day <u>80</u> year					
Pump Test Data: Well water was <u>18</u> ft. after <u>1</u> hours pumping <u>10</u> gpm					
Est. Yield 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 X Clamped . . . . .					
X PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .					
7 Fiberglass Threaded . . . . .					
Blank casing dia: <u>2</u> in. to <u>45</u> ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.					
Casing height above land surface: <u>12</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>SDR 26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel X Stainless steel 5 Fiberglass 7 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 X Gauzed wrapped 8 Saw cut 11 None (open hole)					
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) . . . . .					
7 Torch cut					
Screen-Perforation Dia: <u>2</u> in. to <u>45</u> ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.					
Screen-Perforated Intervals: From . . . . . ft. to <u>48</u> ft., From . . . . . ft. to . . . . . ft.					
Gravel Pack Intervals: From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.					
5 GROUT MATERIAL: X Neat cement 2 Cement grout 3 Bentonite 4 Other . . . . .					
Grouted Intervals: From . . . . . ft. to <u>10</u> 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)					
X Watertight sewer lines					
Direction from well: <u>SOUTH</u> How many feet: <u>90</u> ? Water Well Disinfected? Yes No X					
Was a chemical/bacteriological sample submitted to Department? Yes No . . . . . If yes, date sample					
was submitted . . . . . month . . . . . day . . . . . year Pump Installed? Yes X No					
If Yes: Pump Manufacturer's name: <u>RED JACKET</u> Model No. <u>SDR 26</u> HP <u>1/2</u> Volts <u>115</u>					
Depth of Pump Intake: <u>95</u> ft. Pumps Capacity rated at <u>10</u> gal./min.					
Type of pump: 1 Submersible 2 Turbine X Jet 4 Centrifugal 5 Reciprocating 6 Other					
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was					
completed on . . . . . 9 month <u>16</u> day <u>80</u> 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 . . . . . 9 month <u>16</u> day <u>80</u> year under the business					
name of <u>PESTINGER PUMP SER.</u> by (signature) <u>Paul S. Pestinger</u>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG	
		1 13 TOP SOIL			
		14 41 SANDY LOAM			
		42 44 CLAY			
		45 48 MED GRAVEL			
ELEVATION:					
Depth(s) Groundwater Encountered 1. <u>18</u> 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.					

OFFICE USE ONLY

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EW

SEC.

36

NW 1/4

SE 1/4

NE 1/4

SW 1/4