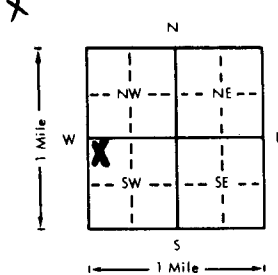


<b>1 LOCATION OF WATER WELL</b>		Fraction <del>NW</del> <del>NW</del> <del>SW</del> <del>SW</del> <del>SE</del> <del>SE</del> <del>NE</del> <del>NE</del>		Section Number	Township Number	Range Number		
County: <b>Saline</b>		<del>1/4</del> <del>1/4</del> <del>1/4</del> <del>1/4</del> <del>1/4</del> <del>1/4</del> <del>1/4</del> <del>1/4</del>		<b>36</b>	<b>T 14 S</b>	<b>R 3 E</b>		
Distance and direction from nearest town or city?				Street address of well if located within city?				
				<b>2729 Highland</b>				
<b>2 WATER WELL OWNER: John Jones</b>								
RR#, St. Address, Box # : <b>2729 Highland</b>				Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : <b>Salina, Ks. 67401</b>				Application Number:				
<b>3 DEPTH OF COMPLETED WELL</b> <b>46</b> ft. Bore Hole Diameter <b>8 1/2</b> in. to <b>46</b> ft., and ..... in. to ..... ft.								
Well Water to be used as:								
1 Domestic		3 Feedlot		5 Public water supply		8 Air conditioning		
2 Irrigation		4 Industrial		6 Oil field water supply		9 Dewatering		
		<input checked="" type="checkbox"/> Lawn and garden only		10 Observation well		11 Injection well		
Well's static water level ..... <b>12</b> ft. below land surface measured on ..... <b>4</b> month ..... <b>21</b> day ..... <b>81</b> year								
Pump Test Data : Well water was ..... <b>41</b> ft. after ..... <b>3</b> hours pumping ..... <b>15</b> gpm								
Est. Yield <b>25</b> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm								
<b>4 TYPE OF BLANK CASING USED:</b>								
1 Steel		<input checked="" type="checkbox"/> RMP (SR)		5 Wrought iron		8 Concrete tile		
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		
				7 Fiberglass		Casing Joints: Glued <input checked="" type="checkbox"/> Clamped		
Blank casing dia ..... <b>5</b> in. to ..... <b>40</b> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.								
Casing height above land surface ..... <b>12</b> in., weight ..... <b>200</b> lbs./ft. Wall thickness or gauge No. <b>214</b>								
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>								
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC		
2 Brass		4 Galvanized steel		6 Concrete tile		10 Asbestos-cement		
				<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		
2 Louvered shutter		4 Key punched		6 Wire wrapped		11 None (open hole)		
				7 Torch cut		9 Drilled holes		
10 Other (specify) .....								
Screen-Perforation Dia ..... <b>5</b> in. to ..... <b>6</b> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.								
Screen-Perforated Intervals: From ..... <b>39</b> ft. to ..... <b>45</b> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.								
Gravel Pack Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.								
<b>5 GROUT MATERIAL:</b>								
1 Neat cement		<input checked="" type="checkbox"/> Cement grout		3 Bentonite		4 Other		
Grouted Intervals: From ..... <b>1</b> ft. to ..... <b>10</b> 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		
2 Sewer lines		5 Seepage pit		8 Feed yard		11 Fertilizer storage		
3 Lateral lines		6 Pit privy		9 Livestock pens		14 Abandoned water well		
				<input checked="" type="checkbox"/> Watertight sewer lines		15 Oil well/Gas well		
16 Other (specify below) .....								
Direction from well ..... <b>South</b> How many feet ..... <b>35</b> ? 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 ..... <b>Red Jacket</b> Model No. <b>n9bcb</b> HP <b>1/2</b> Volts <b>230</b>								
Depth of Pump Intake ..... <b>41</b> ft. Pumps Capacity rated at ..... <b>13</b> gal./min.								
Type of pump: <input checked="" type="checkbox"/> Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other								
<b>6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was ( <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on ..... <b>4</b> month ..... <b>4</b> day ..... <b>81</b> year								
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 ..... <b>4</b> month ..... <b>4</b> day ..... <b>81</b> year under the business name of <b>Pestinger Pump Service</b> by (signature) <i>X Paul D. Pestinger</i>								
<b>7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>								
		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
		1	28	Dirt				
		29	30	Clay				
		31	35	Fine Sand				
		36	46	Small 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.								