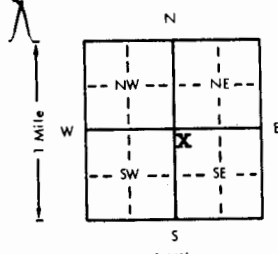


LOCATION OF WATER WELL		Fraction NW	SE	Section Number	Township Number	Range Number
County: Saline		1/4	NW 1/4	36	T 14 S	R 3 EW
Distance and direction from nearest town or city?				Street address of well if located within city?		
				742 Scott		
2 WATER WELL OWNER: Timothy Coleman 742 Scott RR#, St. Address, Box # : City, State, ZIP Code : Salina, Ks. 67401 Board of Agriculture, Division of Water Resources Application Number:						
3 DEPTH OF COMPLETED WELL: 48 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) 7 Lawn and garden only 10 Observation well						
Well's static water level 20 ft. below land surface measured on 7 month 2 day 81 year						
Pump Test Data : Well water was 22 ft. after 1 hours pumping 15 gpm Est. Yield 80 to 100 gpm: Well water was 23 ft. after 1 hours pumping 40 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 43 ft. Dia 12 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 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 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 43 in. to 48 ft. Dia . . . in. to . . . ft.						
Screen-Perforated Intervals: From 43 ft. to 48 ft. From . . . ft. to . . . ft.						
Gravel Pack Intervals: From . . . ft. to . . . ft. From . . . ft. to . . . ft.						
5 GROUT MATERIAL: 1 Neat cement 3 Cement grout 5 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) 13 Watertight sewer lines						
Direction from well East How many feet 40 ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No						
Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> 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 Red Jacket Model No. n9bcb HP 1/2 Volts 230						
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 7 month 3 day 81 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 7 month 7 day 81 year under the business name of Pestinger Pump Service by (signature) Paul Pestinger						
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO
		1	12	Dirt		
		13	25	Fine Sand		
		26	40	Clay		
		41	48	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.						