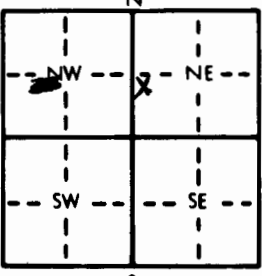


1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number									
County: <u>Saline</u>		NW 1/4 SW 1/4 NE 1/4		36		T 14 S		R 3 EW									
Distance and direction from nearest town or city street address of well if located within city? <u>2625 Plantation</u>																	
2 WATER WELL OWNER: Gary Henderson RR#, St. Address, Box # : <u>2625 Plantation</u> City, State, ZIP Code : <u>Salina, Ks. 67401</u> Board of Agriculture, Division of Water Resources Application Number: <u>1100</u>																	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL: <u>59</u> ft. ELEVATION: <u>1100</u> ft.														
			Depth(s) Groundwater Encountered 1. <u>23</u> ft. 2. _____ ft. 3. _____ ft.														
			WELL'S STATIC WATER LEVEL <u>23</u> ft. below land surface measured on <u>4-16-88</u> mo/day/yr														
			Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm														
			Est. Yield <u>75+</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm														
			Bore Hole Diameter <u>8 1/2</u> in. to <u>35</u> ft. and _____ in. to _____ ft.														
			WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial <u>7 Lawn and garden only</u> 10 Observation well														
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <u>X</u> No _____																	
5 TYPE OF BLANK CASING USED:																	
1 Steel			3 RMP (SR)			5 Wrought iron			8 Concrete tile			CASING JOINTS: Glued <u>X</u> Clamped _____					
2 PVC			4 ABS			6 Asbestos-Cement			9 Other (specify below)			Welded _____					
						7 Fiberglass						Threaded _____					
Blank casing diameter <u>5</u> in. to <u>52</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.																	
Casing height above land surface <u>18</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			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:										5 Gauzed wrapped		8 Saw cut		11 None (open hole)			
1 Continuous slot										3 Mill slot		6 Wire wrapped		9 Drilled holes			
2 Louvered shutter										4 Key punched		7 Torch cut		10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS:										From <u>52</u> ft. to <u>59</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:										From <u>none</u> ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.			
6 GROUT MATERIAL:										1 Neat cement		2 Cement grout		3 Bentonite		4 Other _____	
Grout Intervals: From <u>1</u> ft. to <u>30</u> ft.										From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:										10 Livestock pens		14 Abandoned water well					
1 Septic tank										4 Lateral lines		7 Pit privy		11 Fuel storage		15 Oil well/Gas well	
2 Sewer lines										5 Cess pool		8 Sewage lagoon		12 Fertilizer storage		16 Other (specify below)	
3 Watertight sewer lines										6 Seepage pit		9 Feedyard		13 Insecticide storage			
Direction from well? <u>West</u>										How many feet? <u>45</u>							
FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG							
1		3		Top Soil													
3		29		Clay													
23		31		Sand													
31		32		Clay													
32		49		Med. Sand & Gravel													
49		50		Clay													
50		59		Med. Sand & Gravel													
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4-16-88</u> 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 (mo/day/yr) <u>4-18-88</u> under the business name of <u>Pestinger Pump Service</u> by (signature) <u>Paul Pestinger</u>																	
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, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.																	