m i m m m m m m m m m m m m m m m m m m	LOCATION OF WAT		WATER	WELL RECORD			32a-1212		
asince and direction from nearest town or city street address of well if located within city? 2722 HIGHLAND WATER WELL OWNER: DENTISE SEPTINOSA 18; St. Address, Box #: 2722 HIGHLAND WATER WELL SLOCATION WITH AN TWO SECTION BOX: 10; State, ZIP COXE SALITIAL, KS. 67401 AN TWO SECTION BOX: 10; State, ZIP COXE SALITIAL, KS. 67401 Depthics Groundwater Encountered 1 25 ft. 2 ft. 2 ft. 3 5-289 Depthics Groundwater Encountered 1 25 ft. 3 ft. 2 ft. 3 5-289 WELL'S STATIC WATER LEVEL 25 ft. below land surface measured on modaylyr 5-5-89 WELL'S STATIC WATER LEVEL 25 ft. below land surface measured on modaylyr 5-5-89 WELL'S STATIC WATER LEVEL 25 ft. below land surface measured on modaylyr 5-5-89 WELL'S STATIC WATER LEVEL 25 ft. below land surface measured on modaylyr 5-5-89 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 injection well 1 Domestic 3 Feedot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) Was a chemical/bacteriological sample submitted to Department? Yes. No. A. if yes, mo/daylyr sample well mitted Water Well Disinfected? Yes. No. A. if yes, mo/daylyr sample well mitted Water Well Disinfected? Yes. No. A. if yes, mo/daylyr sample well mitted Water Well Disinfected? Yes. No. A. if yes, mo/daylyr sample well mitted to Department? Yes. No. A. if yes, mo/daylyr sample well mitted to Department? Yes. No. A. if yes, mo/daylyr sample well mitted to Department? Yes. No. A. if yes, mo/daylyr sample well mitted to Department? Yes. No. A. if yes, mo/daylyr sample well mitted to Department? Yes. No. A. if yes, mo/daylyr sample well mitted to Department? Yes. No. A. if yes, mo/daylyr sample well mitted to Department? Yes. No. A. if yes, mo/daylyr sample well mitted to Department? Yes. No. A. if yes, mo/daylyr sample well mitted to Department? Yes. No. A. if yes, mo/daylyr sample well mitted to Department? Yes. No. A. if yes, mo/daylyr sample well mitted to Department? Yes. No. A. if yes, mo/daylyr sample well mitted to Department? Yes. No. A. if yes, mo/daylyr sample w		rer well:	Fraction		MU		· ·		Range Number
# STEAM WELL OWNER: DENNIS ESPINOSA # ST. Address, Box # : 2722 HTGHLAND # State, IP Code		from nearest town o	74	74	74		<u> </u>	S	R 3 E(4
MATER WELL OWNER: DENNIS SEPTINGSA , State, ZIP Code SALTINA, KS. 67401 Board of Agriculture, Division of Water Re Application Number: SALTINA, KS. 67401 DETH OF COMPLETED WELL. 59 ft. ELEVATION 1250	ance and direction		-	diess of well if loc	ated within city	· :			
#. St. Address, Box. # : 2722 HTGHLAND State, ZIP Code SALTINA, KS. 67401 Application Number:	WATER WELL OW								
CCATE WELL'S LOCATION WITH A DEPTH OF COMPLETED WELL 59 ft. ELEVATION: 1250 N X*I IN SECTION BOX:							Board of A	griculture, [Division of Water Resou
X	, State, ZIP Code	: SALINA,	KS. 67401				Application	Number:	
X	OCATE WELL'S LO	OCATION WITH 4	DEPTH OF CO	MPLETED WELL	59	ft. ELE	VATION: 1250		
X	N "X" IN SECTION 1	N BOX: De	pth(s) Groundw	ater Encountered	1 25	f	t. 2	ft. 3	
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedint 6 Oil field water supply 9 Dewatering 12 Other (Specify below 2 Irrigation 4 Industrial 7 Lawn. and. garden.only. 10 Monitoring well was a chemical/bacteriological sample submitted to Department? Yes. No. X	Ţ.	1 WE	ELL'S STATIC	WATER LEVEL . ?	2 <i>5.</i>	below land	surface measured on	mo/day/yr	5-5-69
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedint 6 Oil field water supply 9 Dewatering 12 Other (Specify below 2 Irrigation 4 Industrial 7 Lawn. and. garden.only. 10 Monitoring well was a chemical/bacteriological sample submitted to Department? Yes. No. X		, ,	Pụmp	test data: Well w	ater was	₩	. after	hours pur	mping g
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 was a chemical/bacteriological sample submitted to Department? Yes. No. 1 If yes, mo/day/yr sample was a chemical/bacteriological sample submitted to Department? Yes. No. 1 If yes, mo/day/yr sample was a chemical/bacteriological sample submitted to Department? Yes. No. 1 If yes, mo/day/yr sample was a chemical/bacteriological sample submitted to Department? Yes. No. 1 If yes, mo/day/yr sample was a chemical/bacteriological sample submitted to Department? Yes. No. 1 If yes, mo/day/yr sample was a chemical/bacteriological sample submitted to Department? Yes. No. 1 If yes, mo/day/yr sample was a chemical/bacteriological sample submitted to Department? Yes. No. 1 If yes, mo/day/yr sample was a chemical/bacteriological sample submitted to Department? Yes. No. 1 If yes, mo/day/yr sample was a chemical/bacteriological sample submitted to Department? Yes. No. 1 If yes, mo/day/yr sample was a chemical/bacteriological sample submitted to Department? Yes. No. 1 If yes, mo/day/yr sample was a chemical/bacteriological sample submitted to Department? Yes. No. 1 If yes, mo/day/yr sample was a chemical/bacteriological sample submitted to Department? Yes. No. 1 If yes, mo/day/yr sample was a chemical/bacteriological sample submitted to Department? Yes. No. 1 If yes mo/day/yr sample was a chemical/bacteriological sample submitted to Department? Yes. No. 1 If yes mo/day/yr sample was a chemical/bacteriological sample submitted to Department? Yes. No. 1 If yes mo/day/yr sample was a chemical/bacteriological sample was a chemical/b	NW	Est	t. Yield 440	gpm: Wellw	ater was	ft	. after	hours pur	mping g
Very comparison of the compa	w x i	_E Bo	re Hole Diamet	erin.	to <i>5</i> 9		., and	in.	to
2 Irrigation 4 Industrial 7 Lawn.and.garden.only 10 Monitoring well	"		ELL WATER TO	BE USED AS:					
Was a chemical/bacteriological sample submitted to Department? Yes. No. If yes, mo/day/yr sample w mitted Water Well Disinfected? Yes No. No	sw	SE							
No No No No No No No No	i	1	-						
YPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile				acteriological samp	le submitted to				
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Melded	S					\	Vater Well Disinfected	d? Yes 4	No No
2 PVC				-					
A casing diameter 5									
ing height above land surface. 12. in., weight 1.60. Ibs./ft. Wall thickness or gauge No. SDR 26. PE OF SCREEN OR PERFORATION MATERIAL: 7.PVC. 10. Asbestos-cement 1. Steel 3. Stainless steel 5. Fiberglass 8. RMP (SR) 11. Other (specify)								Threa	ded
1 1 2 2 3 3 3 3 3 3 3 3	ik casing diameter	. ۱n	to	ft., Dia		to	tt., Dia		n. to
Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) 3 REEN 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 59 10 Other (specify) 3 REEN-PERFORATED INTERVALS: From ft. to ft., From ft. to GRAVEL PACK INTERVALS: From NONE ft. to ft., From ft. to From ft. to ft., From ft. to ft., From ft. to GRAVEL PACK INTERVALS: From NONE ft. to ft., From ft. to Torch cut 59 10 Other (specify) GRAVEL PACK INTERVALS: From NONE ft. to ft., From ft. to From ft. to ft., From ft. to GRAVEL PACK INTERVALS: From ft. to ft., From ft. to From ft. to ft., From ft. to GRAVEL PACK INTERVALS: From ft. to ft., From ft. to From ft. to ft., From ft. to GRAVEL PACK INTERVALS: From ft. to ft., From ft. to From ft. to ft., From ft. to ft., From ft. to GRAVEL PACK INTERVALS: From ft. to ft., From ft. to From ft. to ft., From ft. to ft., From ft. to GRAVEL PACK INTERVALS: From ft. to ft., From ft. to From ft. to ft., From ft. to ft., From ft. to GRAVEL PACK INTERVALS: From ft. to ft., From ft. to To NONE ft. to ft., From ft. to ft., From ft. to GRAVEL PACK INTERVALS: From ft. to ft., From ft. to To NONE ft. to ft., From ft. to ft., From ft. to GRAVEL PACK INTERVALS: From ft. to ft., From ft. to To NONE ft. to ft., From ft. to ft., From ft. to GRAVEL PACK INTERVALS: From ft. to ft., From ft. to To GRAVEL PACK INTERVALS:				n., weight					
2 Brass				5 Fiberaless					
REEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 59 10 Other (specify) REEN-PERFORATED INTERVALS: From. ft. to 5 ft., From ft. to 6 ft., From ft. to 7 ft., Fro				_					
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 59 10 Other (specify) REEN-PERFORATED INTERVALS: From ft. to ft., From								e usea (op	•
2 Louvered shutter					• • •		· —		11 None (open note)
From. ft. to ft., From ft								١	
From		ED INTERVALS:	From 54	/ 10	59	# 5	rom	,	
GRAVEL PACK INTERVALS: From NONE ft. to ft., From ft. to ft., From ft. to ft., From ft. to ft., From ft. to GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other	icervi em oravi	IS HAVENANDO.	From	ft to	,		rom	ft to	,
From ft. to ft., From ft. to GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other	GRAVEL PA	CK INTERVALS:	From NONI	E ft to	,		rom	ft to	,
1 Neat cement 2 Cement grout 3 Bentonite 4 Other 2 Other 3 Bentonite 4 Other 4 Bentonite 4 Bentonite 4 Other 4 Bentonite 4 Bentonite 4 Bentonite 4 Other 4 Bentonite									
at is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 5 Cess pool 8 Sewage lagoon 1 Septic tank 9 Feedyard 1 Septic tank 1 Septic tank 1 Septic tank 1 Lithologic Log 1 Sewer lines 1 Septic tank 1 Lithologic Log 1 Sewer lines 1 Septic tank 1 Lithologic Log 1 Sewer lines 1 Septic tank 1 Lithologic Log 1 Sewer lines 1 Septic tank 1 Lithologic Log 1 Sewer lines 1 Septic tank 1 Sewer lines 1 Sew	SROUT MATERIAL	.: 1 Neat cem							
at is the nearest source of possible contamination: 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 How many feet? 15 3 MORTH 15 3 MORTH 15 4 Abandoned water well 16 Other (specify below) 17 18 PLUGGING INTERVALS 19 2 TOP SOIL 2 TOP SOIL 2 TOP SOIL 3 MORTH 47 CLAY 47 CLAY 47 56 SAND & GRAVEL MIXED CLAY LAYERS	ut Intervals: From			ft., From	ft	. to	ft., From		. ft. to
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 ection from well? NORTH How many feet? 15 ROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 2 TOP SOIL 2 25 CLAY 25 CLAY 26 SAND & GRAVEL 46 47 CLAY 47 56 SAND & GRAVEL MIXED CLAY LAYERS				•					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? 15	1 Septic tank	4 Lateral li	nes	7 Pit privy		11 Fu	el storage	15 Oi	l well/Gas well
Section from well? NORTH	2 Sewer lines	5 Cess por	ol	8 Sewage	agoon	12 Fe	rtilizer storage	16 O	her (specify below)
ROM TO	3 Watertight sew	er lines 6 Seepage	; pit	9 Feedyard	1	13 Ins	ecticide storage		
2 TOP SOIL 2 25 CLAY 25 46 SAND & GRAVEL 46 47 CLAY 47 56 SAND & GRAVEL MIXED CLAY LAYERS	ction from well?					How r			
2 25 CLAY 25 46 SAND & GRAVEL 46 47 CLAY 47 56 SAND & GRAVEL MIXED CLAY LAYERS		MOD GOTT	LITHOLOGIC L	OG	FROM	то	PL	ugging in	ITERVALS
5 46 SAND & GRAVEL 6 47 CLAY 7 56 SAND & GRAVEL MIXED CLAY LAYERS									
6 47 CLAY 7 56 SAND & GRAVEL MIXED CLAY LAYERS						_			
7 56 SAND & GRAVEL MIXED CLAY LAYERS		***************************************	ᇤ						
			OT MENDE	TAV TAVEDO					
DO DY LARGE BROWN GRAVEL				LAI LAIERS					
	0 29	LARGE BROWN	GRAVEL						
						_			
				· · ·					the state of the s
									- Lange
								,4	
			4				<u> </u>		
				1843.5841					
							ļ		
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction are									
pleted on (mo/day/year) 5-5-89 and this record is true to the best of my knowledge and belief. I									
er Well Contractor's License No. 388	pleted on (mo/day/	vear) 5-5-8	89			and this re	cord is true to the bes	st of mv kne	
er the business name of PESTINGER PUMP SERVICE by (signature) by (signature)	pleted on (mo/day/ er Well Contractor)	/year) 5-5-6 s License No. 388	89	This Wate		and this rewas complete	cord is true to the best	st of mv kne	
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 pepartme	pleted on (mo/day/ er Well Contractor' er the business na	/year)5-5-6 's License No. 388 me of PESTII	89 NGER PUMP	This Wate	r Well Record	and this re was complete by (sig	cord is true to the best	of my kyr	wledge and belief. Kans