

<b>1 LOCATION OF WATER WELL:</b>		<b>Fraction</b>	<b>Section Number</b>		<b>Township Number</b>	<b>Range Number</b>
County: <b>SALINE</b>		<b>NE ¼ SE ¼ NW ¼</b>	<b>36</b>		<b>T 14 S</b>	<b>R 3 E/W</b>
Distance and direction from nearest town or city street address of well if located within city? <b>2601 COLONIAL LANE</b>						
<b>2 WATER WELL OWNER: ROBERT TRIPP</b>						
RR#, St. Address, Box # : <b>2601 COLONIAL LANE</b>				Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>SALINA, KS. 67401</b>				Application Number:		
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL: 60 ft. ELEVATION: 1229</b>				
<p>A diagram of a section box divided into four quadrants labeled NW, NE, SW, and SE. An 'X' is placed in the center of the NW quadrant.</p>		Depth(s) Groundwater Encountered 1. <b>24</b> ft. 2. . ft. 3. . ft.				
		WELL'S STATIC WATER LEVEL <b>24</b> ft. below land surface measured on mo/day/yr <b>7-24-90</b>				
		Pump test data: Well water was <b>26</b> ft. after <b>1</b> hours pumping <b>40</b> gpm				
		Est. Yield <b>75+</b> gpm: Well water was . ft. after . hours pumping . gpm				
		Bore Hole Diameter <b>9</b> in. to <b>60</b> 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 Monitoring 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				
<b>5 TYPE OF BLANK CASING USED:</b>						
1 Steel		3 RMP (SR)		5 Wrought iron		CASING JOINTS: Glued <u>X</u> Clamped .
2 PVC		4 ABS		6 Asbestos-Cement		Welded .
				7 Fiberglass		Threaded .
Blank casing diameter <b>5</b> in. to <b>50</b> ft., Dia				8 Concrete tile		
Casing height above land surface <b>18</b> in., weight <b>160</b> lbs./ft.				9 Other (specify below)		
						SDR <b>26</b>
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel		3 Stainless steel		5 Fiberglass		10 Asbestos-cement
2 Brass		4 Galvanized steel		8 RMP (SR)		11 Other (specify) .
				9 ABS		12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot		3 Mill slot <b>.035</b>		5 Gauzed wrapped		8 Saw cut
2 Louvered shutter		4 Key punched		6 Wire wrapped		9 Drilled holes
				7 Torch cut		10 Other (specify) .
SCREEN-PERFORATED INTERVALS:		From <b>50</b> ft. to <b>60</b> ft.		From . ft. to . ft.		
		From . ft. to . ft.		From . ft. to . ft.		
GRAVEL PACK INTERVALS:		From <b>20</b> ft. to <b>60</b> ft.		From . ft. to . ft.		
		From . ft. to . ft.		From . ft. to . ft.		
<b>6 GROUT MATERIAL:</b>						
1 Neat cement		2 Cement grout		3 Bentonite		4 Other .
Grout Intervals: From <b>0</b> ft. to <b>20</b> ft.						From . ft. to . ft.
What is the nearest source of possible contamination:						
1 Septic tank		4 Lateral lines		7 Pit privy		10 Livestock pens
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage
						13 Insecticide storage
Direction from well? <b>SOUTHEAST</b>						How many feet? <b>30</b>
FROM		TO		LITHOLOGIC LOG		PLUGGING INTERVALS
0		3		TOP SOIL		
3		15		CLAY		
15		35		SANDY LOAM & SAND		
35		36		CLAY		
36		55		MED. SAND		
55		56		CLAY		
56		60		MED. SAND		
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>7-24-90</b> 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 (mo/day/yr) <b>7-24-90</b> under the business name of <b>PESTINGER PUMP SERVICE</b> by (signature)						
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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						