

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>SALINE</u>		SW 1/4 SW 1/4 NE 1/4		<u>36</u>		T <u>14</u> S		R <u>3</u> E/W	
Distance and direction from nearest town or city street address of well if located within city? <u>720 COLONIAL PLACE</u>									
2 WATER WELL OWNER: <u>TED STINE</u>									
RR#, St. Address, Box # : <u>720 COLONIAL PLACE</u>						Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : <u>SALINA, KS. 67401</u>						Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>58.5</u> ft. ELEVATION: <u>1241</u>							
		Depth(s) Groundwater Encountered 1. <u>26</u> ft. 2. <u>26</u> ft. 3. <u>26</u> ft.							
		WELL'S STATIC WATER LEVEL <u>26</u> ft. below land surface measured on mo/day/yr <u>5-1-92</u>							
		Pump test data: Well water was <u>27</u> ft. after <u>1</u> hours pumping <u>35</u> gpm							
		Est. Yield <u>7.5+</u> gpm: Well water was <u>27</u> ft. after <u>1</u> hours pumping <u>35</u> gpm							
		Bore Hole Diameter <u>9</u> in. to <u>59</u> ft., and <u>59</u> in. to <u>59</u> 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	
				7 Lawn and garden only		10 Monitoring well		11 Injection well	
								12 Other (Specify below)	
Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> X; 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>48</u> ft., Dia. <u>160</u> in. to <u>160</u> ft., Dia. <u>160</u> in. to <u>160</u> ft.									
Casing height above land surface <u>5</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:									
1 Continuous slot		3 Mill slot <u>.030</u>		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-PERFORATED INTERVALS: From <u>35</u> ft. to <u>58.5</u> ft., From <u>35</u> ft. to <u>58.5</u> ft., From <u>35</u> ft. to <u>58.5</u> ft.									
GRAVEL PACK INTERVALS: From <u>35</u> ft. to <u>58.5</u> ft., From <u>35</u> ft. to <u>58.5</u> ft., From <u>35</u> ft. to <u>58.5</u> ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other									
Grout Intervals: From <u>0</u> ft. to <u>22</u> ft., From <u>0</u> ft. to <u>22</u> ft., From <u>0</u> ft. to <u>22</u> ft.									
What is the nearest source of possible contamination:									
1 Septic tank		4 Lateral lines		7 Pit privy		10 Livestock pens		14 Abandoned water well	
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage		15 Oil well/Gas well	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage		16 Other (specify below)	
						13 Insecticide storage			
Direction from well? <u>SOUTH</u> How many feet? <u>30</u>									
FROM		TO		LITHOLOGIC LOG		FROM		TO	
0		2		TOP SOIL					
2		9		CLAY BROWN					
9		24		CLAY SILTY TAN					
24		32		CLAY TAN					
32		48		SAND FINE					
48		49		CLAY TAN					
49		58.5		SAND MED. NICE					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-1-92</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>5-1-92</u> under the business name of <u>PESTINGER PUMP SERVICE</u> by (signature) <u>[Signature]</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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									