

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: SALINE	SE ¼ NW ¼ SW ¼	36	T 14 S	R 3 E/W

2808 SCOTT AV.

2	WATER WELL OWNER: DOUG GROSS	
	RR#, St. Address, Box # : 2808 SCOTT AV.	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code : SALTINA, KS. 67401	Application Number:

4 DEPTH OF COMPLETED WELL..... 59..... ft. ELEVATION:..... 1241.....
 Depth(s) Groundwater Encountered 1. 26..... ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL .. 26..... ft. below land surface measured on mo/day/yr 4-22-92.....
 Pump test data: Well water was 29..... ft. after 1..... hours pumping 35..... gpm
 Est. Yield .. 75+..... gpm: Well water was ft. after hours pumping gpm
 Bore Hole Diameter..... 9..... in. to 59..... 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 7 Lawn and garden only 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes.....No.....X.....; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes X No

5	TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded <input type="checkbox"/>
	1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	
	2 PVC	4 ABS	7 Fiberglass		

Blank casing diameter 5 in. to 49 ft., Dia in. to ft., Dia in. to ft.
Casing height above land surface 14 in., weight 160 lbs./ft. Wall thickness or gauge No. SDR 26

TYPE OF SCREEN OR PERFORATION MATERIAL:			<u>7 PVC</u>	10 Asbestos-cement
1 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)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	<u>3 Mill slot .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 49 ft. to 59 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 35 ft. to 59 ft., From _____ 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 0 ft. to 23 ft., From _____ ft. to _____ 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	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 <u>Watertight sewer lines</u>	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
Direction from well?	WEST		13 Insecticide storage
			How many feet?	25

[illegible]

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) 4-22-92 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 (mo/day/yr) 4-22-92 under the business name of PESTINGER PUMP SERVICE by (signature) Paul Pestinger

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.