

[1] LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: SALINE	N E ¼ N E ¼ NW ¼	36	T 14 S	R 3 E/W	
Distance and direction from nearest town or city street address of well if located within city? 2605 ROBIN RD.					
[2] WATER WELL OWNER: DAVID RITTEN					
RR#, St. Address, Box #: 2605 ROBIN RD.	Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : SALINA, KS. 67401	Application Number:				
[3] LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	[4] DEPTH OF COMPLETED WELL 52 ft. ELEVATION: 1241				
 N W E S	Depth(s) Groundwater Encountered 1. 17.5 ft. 2. ft. 3. ft.				
	WELL'S STATIC WATER LEVEL . . . 17.5 ft. below land surface measured on mo/day/yr . . . 7-28-94				
	Pump test data: Well water was . . . 19 ft. after . . . 1 hours pumping . . . 12 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: 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 ____ CASING JOINTS: Glued X ____ Clamped ____ Welded ____ Threaded ____					
[5] TYPE OF BLANK CASING USED:					
Blank casing diameter . . . 5 in. to . . 47 ft., Dia . . in. to . . ft., Dia . . in. to . . ft. Casing height above land surface . . . 16 in., weight . . 160 lbs./ft. Wall thickness or gauge No. SDR 26					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
SCREEN OR PERFORATION OPENINGS ARE:					
SCREEN-PERFORATED INTERVALS:					
GRAVEL PACK INTERVALS:					
[6] GROUT MATERIAL:					
Grout Intervals: From . . . 0 ft. to . . 22 ft., From . . ft. to . . ft., From . . ft. to . . ft.					
What is the nearest source of possible contamination:					
Direction from well? WEST How many feet? 5					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLOGGING INTERVALS
0	3	FILL DIRT			
3	9	CLAY TAN SILTY			
9	28	SANDY LOOM			
28	52	SAND FINE TO MED. TAN SILTY			
[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) 7-28-94 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) 7-28-94 under the business name of PESTINGER PUMP SERVICE by signature [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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.