

1 LOCATION OF WATER WELL: County: <u>SALINE</u>		Fraction <u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	Section Number <u>25</u>	Township Number <u>T 14 S</u>	Range Number <u>R 3 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2335 KENSINGTON</u>					
2 WATER WELL OWNER: <u>KIRK BERNEKING</u> RR#, St. Address, Box # : <u>2335 KENSINGTON</u> City, State, ZIP Code : <u>SALINA, KS. 67401</u>			Board of Agriculture, Division of Water Resources Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center; margin-top: 10px;">N +-----+ NW NE +-----+ SW SE +-----+ S X is in the SW corner.</div>		4 DEPTH OF COMPLETED WELL: <u>56</u> ft. ELEVATION: <u>1240</u> Depth(s) Groundwater Encountered 1. <u>14.5</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>14.5</u> ft. below land surface measured on mo/day/yr <u>9-20-94</u> Pump test data: Well water was <u>27</u> ft. after <u>1</u> hours pumping <u>30</u> gpm Est. Yield <u>60</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>9</u> in. to <u>56</u> 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 _____; 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) <u>2 PVC</u> 4 ABS Blank casing diameter <u>5</u> in. to <u>46</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft. Casing height above land surface <u>16</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>SDR 26</u>		CASING JOINTS: Glued <u>X</u> Clamped _____ Welded _____ Threaded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 2 Brass 4 Galvanized steel 6 Concrete tile		7 PVC 10 Asbestos-cement 8 RMP (SR) 11 Other (specify) _____ 9 ABS 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <u>3 Mill slot .035</u> 2 Louvered shutter 4 Key punched		5 Gauzed wrapped 8 Saw cut 11 None (open hole) 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>46</u> ft. to <u>56</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>30</u> ft. to <u>56</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ 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 _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon <u>3 Watertight sewer lines</u> 6 Seepage pit 9 Feedyard		10 Livestock pens 14 Abandoned water well 11 Fuel storage 15 Oil well/Gas well 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage			
Direction from well? <u>SOUTH</u>		How many feet? <u>18</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	FILL DIRT			
3	18	CLAY TAN SILTY			
18	35	SAND FINE TAN			
35	37	CLAY GRAY SOFT			
37	51	SAND FINE TO COARSE TAN			
51	56	CLAY SOFT DARK GRAY			
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>9-20-94</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>9-20-94</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.					

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