

1 LOCATION OF WATER WELL:		Fraction <u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$		Section Number <u>10</u>		Township Number <u>T 14 S</u>		Range Number <u>R 5W E/W</u>																																																																																											
County: <u>SALINE</u>																																																																																																			
Distance and direction from nearest town or city street address of well if located within city?																																																																																																			
2 WATER WELL OWNER: <u>BRANDON LINDQUIST</u>																																																																																																			
RR#, St. Address, Box # : <u>416 S. BROWNHILL RD.</u>																																																																																																			
City, State, ZIP Code : <u>BROOKVILLE, KS. 67425</u>																																																																																																			
Board of Agriculture, Division of Water Resources Application Number:																																																																																																			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL <u>100</u> ft. ELEVATION:																																																																																																
			Depth(s) Groundwater Encountered 1 <u>45</u> ft. 2 _____ ft. 3 _____ ft.																																																																																																
			WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____																																																																																																
			Pump test data: Well water was <u>85?</u> ft. after <u>2</u> hours pumping <u>5</u> gpm																																																																																																
			Est. Yield <u>5+</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																																																																																
			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																																																																																										
			2 Irrigation		4 Industrial		7 Domestic (lawn & garden)		10 Monitoring well																																																																																										
			<u>LIVESTOCK</u>																																																																																																
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 _____																																																																																																			
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>70</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																																																																																			
Casing height above land surface <u>24</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>.025</u>		5 Guazed 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) _____		ft.																																																																																											
SCREEN-PERFORATED INTERVALS: From <u>70</u> ft. to <u>100</u> ft., From _____ ft. to _____ ft.																																																																																																			
GRAVEL PACK INTERVALS: From <u>60</u> ft. to <u>100</u> ft., From _____ ft. to _____ ft.																																																																																																			
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																																																																																			
Grout Intervals: From <u>0</u> ft. to <u>20</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		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		<u>OPEN PASTURE NONE APPARENT</u>																																																																																											
Direction from well? _____ How many feet? _____																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>TOP SOIL</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>14</td> <td>SANDY LOOM BROWN</td> <td></td> <td></td> <td></td> </tr> <tr> <td>14</td> <td>22</td> <td>CLAY GRAY TO BROWN</td> <td></td> <td></td> <td></td> </tr> <tr> <td>22</td> <td>29</td> <td>SANDSTONE BROWN</td> <td></td> <td></td> <td></td> </tr> <tr> <td>29</td> <td>57</td> <td>CLAY GRAY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>57</td> <td>61</td> <td>CEMENTED SANDSTONE GRAY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>61</td> <td>75</td> <td>CLAY GRAY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>75</td> <td>85</td> <td>SILTSTONE LIGHT GRAY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>85</td> <td>100</td> <td>CLAY GRAY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>100</td> <td></td> <td>SHALE GRAY HARD</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	2	TOP SOIL				2	14	SANDY LOOM BROWN				14	22	CLAY GRAY TO BROWN				22	29	SANDSTONE BROWN				29	57	CLAY GRAY				57	61	CEMENTED SANDSTONE GRAY				61	75	CLAY GRAY				75	85	SILTSTONE LIGHT GRAY				85	100	CLAY GRAY				100		SHALE GRAY HARD																											
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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>04-16-05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <u>388</u> This Water Well Record was completed on (mo/day/yr) <u>04-18-05</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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.																																																																																																			