

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: <u>SALINE</u>		<u>NW 1/4 SW 1/4 NW 1/4</u>	<u>12</u>	<u>T 15 S</u>	<u>R 3 E/W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>3861 S. 9th</u>						
2 WATER WELL OWNER: <u>PHILIPS LIGHTING CO.</u>						
RR#, St. Address, Box #: <u>3861 S. 9th</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>57</u> ft. ELEVATION: <u>1254</u>				
<div style="text-align: center;"><p>1 Mile</p></div>		Depth(s) Groundwater Encountered 1. <u>16.6</u> ft. 2. _____ ft. 3. _____ ft.				
		WELL'S STATIC WATER LEVEL <u>16.6</u> ft. below land surface measured on mo/day/yr <u>6-20-97</u>				
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm				
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm				
		Bore Hole Diameter _____ in. to _____ 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 <u>7 Lawn and garden only</u> 10 Monitoring well						
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 _____ Clamped _____		
2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)		Welded _____		
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass		Threaded _____		
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____						
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		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 _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: 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 _____ ft. to _____ 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				
Direction from well? <u>EAST</u>		How many feet? <u>60</u>				
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS
				<u>57</u>	<u>20</u>	<u>CHLORATED GRAVEL</u>
				<u>20</u>	<u>3</u>	<u>BENTONITE HOLEPLUG</u>
				<u>3</u>	<u>0</u>	<u>FILL DIRT</u>
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This mo well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6-20-97</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>6-20-97</u>						
under the business name of <u>PESTINGER PUMP SERVICE</u> by (signature) <u>Paul Pestinger</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.						