

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: SALINE	NE ¼ SW ¼ NE ¼	2	T 15 S	R 3 E/W

2	WATER WELL OWNER:	PETER A. SCHWARTZ	
	RR#, St. Address, Box # :	3781 OAKLEY	Board of Agriculture, Division of Water Resource
	City, State, ZIP Code :	MENPHIS, TN. 38111	Application Number:

4) DEPTH OF COMPLETED WELL.....48.....ft. ELEVATION:.....1253.....
 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 4-30-92.....
 Pump test data: Well water was.....45.....ft. after.....4.....hours pumping.....6.....gpm
 Est. Yield.....6.....gpm: Well water was.....ft. after.....hours pumping.....gpm
 Bore Hole Diameter.....9.....in. to.....48.....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:		3 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped <input type="checkbox"/>	
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded <input type="checkbox"/>	
2 PVC	4 ABS	7 Fiberglass		Threaded <input type="checkbox"/>	
Blank casing diameter . . . 5 . . . in. to 28 . . . ft., Dia . . . 5 . . . in. to 33 to 43 . . . ft., Dia . . . in. to . . . ft.					
Casing height above land surface . . . 24 . . . in., weight . . . 160 . . . lbs./ft. Wall thickness or gauge No. . . SDR 26					

TYPE OF SCREEN OR PERFORATION MATERIAL:			7 PVC	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:		5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 <u>Mill slot</u>	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS:	From	28	ft. to	33	ft., From	ft. to	ft.
	From	43	ft. to	48	ft., From	ft. to	ft.
GRAVEL PACK INTERVALS:	From	25	ft. to	48	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 5 ft. to 25 ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:			10 Livestock pens	<u>14 Abandoned water well</u> PLUG
1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage
Direction from well?	SOUTH		How many feet?	50

[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) 4-30-92 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) 4-30-92 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.