

1 LOCATION OF WATER WELL: County: <b>SALINE</b>		Fraction <b>NW 1/4 NW 1/4 NW 1/4</b>	Section Number <b>3</b>	Township Number <b>T 16 S</b>	Range Number <b>R 1 E/W</b>
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2 WATER WELL OWNER: MRS. NELSON  
RR#, St. Address, Box # : 7789 S. GYPSUM VALLEY RD.  
City, State, ZIP Code : GYPSUM, KS. 67448

4 DEPTH OF COMPLETED WELL ..... 32 ..... ft. ELEVATION: .....  
 Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL ..... 17 ..... ft. below land surface measured on mo/day/yr ..... 3-2-95  
 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 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 X No

Blank casing diameter . . . . . 7 . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.

Casing height above land surface . . . . . in. weight . . . . . lbs./ft. Wall thickness or gauge No . . . . .

SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)	

<b>SCREEN-PERFORATED INTERVALS:</b>	From . . . . .	ft. to . . . . .	ft., From . . . . .	ft. to . . . . .	ft.
	From . . . . .	ft. to . . . . .	ft., From . . . . .	ft. to . . . . .	ft.
<b>GRAVEL PACK INTERVALS:</b>	From . . . . .	ft. to . . . . .	ft., From . . . . .	ft. to . . . . .	ft.
	From . . . . .	ft. to . . . . .	ft. From . . . . .	ft. to . . . . .	ft.

What is the nearest source of possible contamination:					10 Livestock pens	14 Abandoned water well
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?		EAST		How many feet?		50	
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS	

[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) 3-2-95 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) 3-2-95 under the business name of PESTINGER PUMP SERVICE by (signature) [Signature]