

1 LOCATION OF WATER WELL:		Fraction	Township Number	Range Number	
County: SALINE		SE ¼ NW ¼ NW ¼ 12	T 16 S	R 3 E/W	
Distance and direction from nearest town or city street address of well if located within city? <u>385 W. MAIN</u>					
2 WATER WELL OWNER: JAMES SMITH					
RR#, St. Address, Box # : <u>385 W. MAIN</u>		Board of Agriculture, Division of Water Resources Application Number:			
City, State, ZIP Code : <u>ASSARIA, KS.</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL.....<u>68.5</u>... ft. ELEVATION:<u>1279</u>.....ft.			
 N W — X — NE SW — SE S		Depth(s) Groundwater Encountered 1.... <u>25</u>ft. 2.....ft. 3.....ft.			
		Well's Static Water Level <u>25</u> ... ft. below land surface measured on mo/day/yr . <u>2-21-92</u>			
		Pump test data: Well water was <u>28</u> ... ft. after <u>1</u> hours pumping <u>35</u> ... gpm			
		Est. Yield <u>75</u> ... gpm; Well water was <u>68.5</u> ... ft. after hours pumping gpm			
		Bore Hole Diameter..... <u>9</u> ..in. to, and.....in. to			
TYPE OF BLANK CASING USED:		Casing JOINTS: Glued . <input checked="" type="checkbox"/> Clamped . <input checked="" type="checkbox"/>			
Blank casing diameter <u>5</u>in. to <u>58</u> ...ft., Dia.....in. toft., Dia.....in. toft.		CASING JOINTS: Welded..... Threaded.....			
Casing height above land surface..... <u>18</u>in., weight..... <u>160</u>lbs./ft. Wall thickness or gauge No.SDR <u>26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
SCREEN OR PERFORATION OPENINGS ARE:					
GRAVEL PACK INTERVALS:					
6 GROUT MATERIAL:					
Grout Intervals: From..... <u>2</u>ft. to <u>25</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) Direction from well? SOUTH How many feet? <u>25</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	TOP SOIL			
2	34	CLAY,SILTY,TAN			
34	49	CLAY,SILTY,GRAY			
49	54	SAND FINE			
54	61	CLAY GRAY			
61	68.5	SAND FINE TO MED.			
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>2-21-92</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>2-21-92</u> under the business name of PESTINGER PUMP SERVICE by 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.