

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Marion</b>	<b>SE 1/4 SE 1/4 NW 1/4</b>	<b>9</b>	<b>T 21 S</b>	<b>R 1 E</b>

Distance and direction from nearest town or city street address of well if located within city?  
**1 Mile East & 1/2 mile South of Gossel, KS**

2 WATER WELL OWNER: **~~P.J. Rehder~~ M.O.R.E.**  
 RR#, St. Address, Box # : **Box 198** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Gossel, KS 67053** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

NW	NE
SW	SE

S

4 DEPTH OF COMPLETED WELL: **32** ft. ELEVATION: .....

Depth(s) Groundwater Encountered 1. **1.4** ft. 2. .... ft. 3. .... ft.

WELL'S STATIC WATER LEVEL **1.4** ft. below land surface measured on mo/day/yr **3-20-91**

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield **15-30** gpm: Well water was **1.8** ft. after **1** hours pumping **16-18** gpm

Bore Hole Diameter **8** in. to **32** 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:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <b>X</b> Clamped
2 <u>PVC</u>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
		7 Fiberglass		Threaded

Blank casing diameter **5** in. to **22** ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface **12** in., weight **2.37** lbs./ft. Wall thickness or gauge No. **214**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)
				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 **22** ft. to **32** ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From **20** ft. to **32** ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From **0** ft. to **20** 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? **West** How many feet? **100 ft**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top Soil			
3	14	Hard Gray Clay			
14	15	Brown Clay			
15	16	Fine & Medium Sand			
16	18	Clay & Sand Layers			
18	25	Fine to Medium Sands			
25	32	Hard Gray Shale			

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) **3-20-91** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **138**. This Water Well Record was completed on (mo/day/yr) **3-22-91** under the business name of **Peterson Irrigation, Inc.** by (signature) *Mich Peterson*

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.