

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number	
County: <u>Marion</u>		<u>SE 1/4 SW 1/4</u>	<u>12</u>	<u>T 21 S</u>	<u>R 3 E/W</u>	
Distance and direction from nearest town or city? <u>1 1/2 W Marion</u>			Street address of well if located within city?			
2 WATER WELL OWNER: <u>Carl Peterson</u>						
RR#, St. Address, Box # <u>RR</u>			Board of Agriculture, Division of Water Resources			
City, State, ZIP Code <u>Peabody KS 66866</u>			Application Number:			
3 DEPTH OF COMPLETED WELL: <u>45</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>15</u> ft., and <u>7</u> in. to <u>45</u> ft.						
Well Water to be used as:						
1 Domestic		3 Feedlot		5 Public water supply		
2 Irrigation		4 Industrial		6 Oil field water supply		
7 Lawn and garden only		8 Air conditioning		9 Dewatering		
10 Observation well		11 Injection well		12 Other (Specify below)		
Well's static water level: <u>20</u> ft. below land surface measured on <u>12</u> month <u>17</u> day <u>80</u> year						
Pump Test Data: Est. Yield <u>10</u> gpm. Well water was _____ ft. after _____ hours pumping. _____ gpm						
4 TYPE OF BLANK CASING USED:						
1 Steel		3 RMP (SR)		5 Wrought iron		
2 PVC		4 ABS		6 Asbestos-Cement		
7 Fiberglass		8 Concrete tile		9 Other (specify below)		
Blank casing dia: <u>5</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface: <u>14</u> in., weight <u>0.1055</u> lbs./ft. Wall thickness or gauge No <u>160</u>						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel		3 Stainless steel		5 Fiberglass		
2 Brass		4 Galvanized steel		6 Concrete tile		
7 PVC		8 RMP (SR)		9 ABS		
10 Asbestos-cement		11 Other (specify)		12 None used (open hole)		
Screen or Perforation Openings Are:						
1 Continuous slot		3 Mill slot		5 Gauzed wrapped		
2 Louvered shutter		4 Key punched		6 Wire wrapped		
7 Torch cut		8 Saw cut		9 Drilled holes		
10 Other (specify)		11 None (open hole)				
Screen-Perforation Dia: <u>5</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Screen-Perforated Intervals: From <u>30</u> ft. to <u>45</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
Gravel Pack Intervals: From <u>10</u> ft. to <u>45</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
5 GROUT MATERIAL:						
1 Neat cement		2 Cement grout		3 Bentonite		
4 Other						
Grouted Intervals: From <u>0</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
What is the nearest source of possible contamination:						
1 Septic tank		4 Cess pool		7 Sewage lagoon		
2 Sewer lines		5 Seepage pit		8 Feed yard		
3 Lateral lines		6 Pit privy		9 Livestock pens		
10 Fuel storage		11 Fertilizer storage		12 Insecticide storage		
13 Watertight sewer lines		14 Abandoned water well		15 Oil well/Gas well		
16 Other (specify below)						
Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>						
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____						
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.						
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other						
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) <u>reconstructed</u> , or (3) <u>plugged</u> under my jurisdiction and was completed on <u>12</u> month <u>10</u> day <u>1988</u> year						
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>1988</u>						
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Bac Khoo Drilling</u> by (signature) <u>Paul Bac Khoo</u>						
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG		LITHOLOGIC LOG		
		FROM	TO	FROM	TO	
		<u>0</u>	<u>2</u>	<u>Top Soil</u>		
		<u>2</u>	<u>15</u>	<u>Clime</u>		
		<u>15</u>	<u>30</u>	<u>Gray Rock</u>		
		<u>30</u>	<u>40</u>	<u>Water</u>		
	<u>40</u>	<u>45</u>	<u>Gray Rock</u>			
ELEVATION:						
Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. 4 _____ ft. (Use a second sheet if needed)						

OFFICE USE ONLY

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.