

7697
G62.16

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>SALINE</u>	<u>SW 1/4 SW 1/4 NE 1/4</u>	<u>13</u>	T <u>13</u> S	R <u>1</u> E <u>(M)</u>

Distance and direction from nearest town or city street address of well if located within city?

ON NORTHWEST CORNER OF SOLOMON

2 WATER WELL OWNER: DOUG JOHNSON

RR#, St. Address, Box # : P.O. BOX 15
City, State, ZIP Code : SOLOMON, KS 67480

Board of Agriculture, Division of Water Resources
Application Number: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>100</u> ft. ELEVATION: _____
	Depth(s) Groundwater Encountered 1 <u>7.8</u> ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL <u>30</u> ft. below land surface measured on <u>mo/day/yr</u> <u>9/14/04</u>
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
	Est. Yield <u>50+</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
WELL WATER TO BE USED AS:	
<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)	
<input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Domestic (lawn & garden) <input type="checkbox"/> 10 Monitoring well	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted _____	
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____	

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
<input checked="" type="checkbox"/> 1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____
<input checked="" type="checkbox"/> 2 PVC	4 ABS	7 Fiberglass	Welded _____
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			Threaded _____
Casing height above land surface <u>24</u> in., weight _____ lbs./ft. Wall thickness or guage No. <u>5DR21</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:			
<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless Steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> 8 RMP (SR)
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized Steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS
<input type="checkbox"/> 10 Asbestos-Cement			
<input type="checkbox"/> 11 Other (Specify) _____			
<input type="checkbox"/> 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:			
<input type="checkbox"/> 1 Continuous slot	<input checked="" type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes
<input type="checkbox"/> 7 Torch cut			
<input type="checkbox"/> 10 Other (specify) _____ ft.			
SCREEN-PERFORATED INTERVALS: From <u>80</u> ft. to <u>100</u> ft., From _____ ft. to _____ ft.			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>25</u> ft. to <u>100</u> ft., From _____ ft. to _____ ft.			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> 3 Bentonite	4 Other _____
Grout Intervals: From <u>3</u> ft. to <u>25</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:				
<input checked="" type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below) _____
Direction from well? <u>SOUTH</u> How many feet? <u>100+</u>				

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	SOIL			
2	30	SHALE BROWN TO GRAY TO BROWN TO GRAY			
30	31	LIMESTONE			
31	46	SHALE, GRAY			
46	47	LIMESTONE			
47	53	SHALE GRAY			
53	54	LIMESTONE			
54	69	SHALE, GRAY			
69	71	LIMESTONE			
71	78	SHALE, GRAY			
78	79	LIMESTONE, LARGE CORALS			
79	91	SHALE, GRAY			
91	92	LIMESTONE			
92	100	SHALE, GRAY			

RECEIVED
OCT 01 2004
BUREAU OF WATER

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) 9/14/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 585 This Water Well Record was completed on (mo/day/yr) 9/20/04 under the business name of ASSOCIATED ENVIRONMENTAL INC. by (signature) [Signature]