

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Saline	NW 1/4 SW 1/4 SE 1/4	13	T 13 S	R 1W E/W

Distance and direction from nearest town or city? _____ Street address of well if located within city?
 440 W. 4th St, Solomon Kans

2 WATER WELL OWNER: Virgil Atkisson
 RR#, St. Address, Box #: 440 W. 4th St. Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Solomon, Kans 67480 Application Number: _____

3 DEPTH OF COMPLETED WELL: 37 ft. Bore Hole Diameter: 6 in. to _____ ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level: 26 ft. below land surface measured on Feb month 27 day 1981 year
 Pump Test Data: Well water was ND ft. after 1/2 hours pumping 2.9 gpm
 Est. Yield 5 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing dia: 4 in. to 31 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight _____ lbs./ft. Wall thickness or gauge No 200
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 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-Perforation Dia: 4 in. to 34 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 31 ft. to 34 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 21 ft. to 34 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 3 ft. to 13 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 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
Natural brine
 Direction from well: down How many feet: 10? Water Well Disinfected? Yes No
 Was a chemical/bacteriological sample submitted to Department? No If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes No
 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) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on Feb month 27 day 1981 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 126
 This Water Well Record was completed on March month 2 day 1981 year under the business name of Hydraulic Drilling Co by (signature) O.J. Faust

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	20	Clay, tan			
20	30	Clay, gray			
30	38	Gravel & sand			

At total depth of 38' chloride 750 ppm
 " " " 34' " 120 ppm
 (This is in a known area of chloride discharge from gypsum zones in the Wellington fm. below the gravel.)

ELEVATION: _____

Depth(s) Groundwater Encountered 1. 30 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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.

OFFICE USE ONLY
T
13
R
1
EWD
SEC
13
NW 1/4 SW 1/4 SE 1/4