

1 LOCATION OF WATER WELL: County: Saline	Fraction SE 1/4 SW 1/4 NW 1/4	Section Number 17	Township Number T 13 S	Range Number R 2 W
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Distance and direction from nearest town or city street address of well if located within city?
3 miles East & 3 miles North of Salina,

2 WATER WELL OWNER: **Doug Pauhls**
 RR#, St. Address, Box #: **4548 Crystal Springs**
 City, State, ZIP Code: **Salina, KS 67401**

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: **57** ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. **20** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **20** ft. below land surface measured on mo/day/yr **6-19-92**

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

Est. Yield **1.0-3.0** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter: **8** in. to **5.7** 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
2 Irrigation	4 Industrial	7 Lawn and garden only
		9 Dewatering
		10 Monitoring well

12 Other (Specify below) _____

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 X Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter **5** in. to **3.7** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **1.2** in., weight **2.37** lbs./ft. Wall thickness or gauge No. **21.4**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
			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-PERFORATED INTERVALS: From **3.7** ft. to **57** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **25** ft. to **57** ft., From _____ ft. to _____ ft.

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

Grout Intervals: From **5** ft. to **25** 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? **South** How many feet? **150 ft**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Top Soil			
2	6	Red Clay			
6	12	Brown Clay			
12	56	Sandstone			
56	57	Iron Pirite			
57		Green 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) **6-19-92** 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) **6-29-92** under the business name of **Peterson Irrigation, Inc.** by (signature) **Mike 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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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