

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Saline</u>	<u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	<u>25</u>	T <u>13</u> S	R <u>3W</u> E/W
Distance and direction from nearest town or city? <u>1 mi. N Salina</u>		Street address of well if located within city?		
WATER WELL OWNER: <u>Dana Base</u> R#, St. Address, Box #: <u>(No street address)</u> City, State, ZIP Code: <u>Assaria, Kansas 67416</u>				
Board of Agriculture, Division of Water Resources Application Number:				
DEPTH OF COMPLETED WELL: <u>43</u> ft. Bore Hole Diameter: <u>6</u> in. to <u>43</u> ft., and _____ in. to _____ ft.				
All 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: <u>21</u> ft. below land surface measured on <u>Dec</u> month <u>13</u> day <u>1979</u> year				
Pump Test Data: Well water was <u>ND</u> ft. after <u>1</u> hours pumping <u>20</u> gpm				
Flow Rate: <u>30</u> gpm Well water was _____ ft. after _____ hours pumping _____ gpm				
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: <u>4</u> in. to <u>40</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				
Casing height above land surface: <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>200</u>				
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 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-Perforation Dia: <u>3/32</u> in. to <u>43</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				
Screen-Perforated Intervals: From <u>40</u> ft. to <u>43</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
Gravel Pack Intervals: From <u>36</u> ft. to <u>43</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
GROUT MATERIAL: 1 Neat cement <u>X</u> 2 Cement grout 3 Bentonite 4 Other <u>Clay Cuttings</u>				
Grouted Intervals: From <u>3</u> ft. to <u>13</u> ft., From <u>13</u> ft. to <u>36</u> 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) 13 Watertight sewer lines				
Direction from well: <u>east</u> How many feet: <u>70</u> ? Water Well Disinfected? Yes <u>X</u> No _____				
Has a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample submitted _____ month _____ day _____ year				
Pump Installed? Yes _____ No _____				
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				
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: <u>X</u> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>Dec</u> month <u>13</u> day <u>1979</u> year				
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>126</u>				
This Water Well Record was completed on <u>Dec</u> month <u>18</u> day <u>1979</u> year under the business name of <u>Hydraulic Drilling Co</u> by (signature) <u>O. J. Fent</u>				
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG		
FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG		
0 9 Silt, sandy tan		FROM TO LITHOLOGIC LOG		
9 31 Clay, silt, sandy tan		FROM TO LITHOLOGIC LOG		
31 43 Gravel & sand		FROM TO LITHOLOGIC LOG		
ELEVATION:		ELEVATION:		
Depth(s) Groundwater Encountered 1. <u>31</u> 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.				