

1 LOCATION OF WATER WELL
 County: **Logan** Fraction: **SE 1/4 SW 1/4 SW 1/4** Section Number: **15** Township Number: **T 13 S** Range Number: **R 37 E**

Distance and direction from nearest town or city: **10W 10S 1/2 E of Winona**
 Street address of well if located within city?

2 WATER WELL OWNER: **Paul Rinkham**
 RR#, St. Address, Box #: **Wallace, Kansas 67761**
 City, State, ZIP Code: **Wallace, Kansas 67761**
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: **8** ft. Bore Hole Diameter: **4.5** in. to ... ft. and ... in. to ... ft.
 Well Water to be used as:
 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)
 1 Steel 2 PVC 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 Torch cut 8 Saw cut 9 Drilled holes 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)
 Well's static water level: **20** ft. below land surface measured on **5** month **12** day **1980** year
 Pump Test Data: Well water was **Not tested** ft after ... hours pumping ... gpm
 Est. Yield gpm: Well water was **Not tested** 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 ...
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) ...
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 Blank casing dia: **5** in. to **3.5** ft., Dia **18** in. to ... ft., Dia ... in. to ... ft.
 Casing height above land surface: ... in., weight **18/10** lbs./ft. Wall thickness or gauge No **14**

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 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 7 Torch cut 9 Drilled holes 10 Other (specify) ...
 Screen-Perforation Dia: **5** in. to **3.5-4.5** ft., Dia ... in. to ... ft., Dia ... in. to ... ft.
 Screen-Perforated Intervals: From **3.5** ft. to **4.5** ft., From ... ft. to ... ft., From ... ft. to ... ft.
 Gravel Pack Intervals: From **18** ft. to **4.5** 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 **4** ft. to **18** 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)
 Direction from well: **EAST** How many feet: **200** ? Water Well Disinfected? Yes No
 Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample was submitted ... month ... day ... year: Pump Installed? Yes No
 If Yes: Pump Manufacturer's name: **windmill well** 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 **5** month **12** day **1980** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **139**
 This Water Well Record was completed on **5** month **18** day **1980** year under the business name of **Bartell Drilling** by (signature) **Jay Bartell**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO		LITHOLOGIC LOG	
		0	14			Top Soil	
		14	36			Sand	
		26	33			SAND & CLAY STRIPS	
		33	44			SAND & SAND ROCK STRIPS	
		44	45			Other	

ELEVATION: Depth(s) Groundwater Encountered 1. ... 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
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13
R
37
EW
SEC.
15
SE 1/4 SW 1/4 SW 1/4