

1

LOCATION OF WATER WELL:

County: **Saline**

Fraction **SW**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$  **NW**  $\frac{1}{4}$

Section Number **12**

Township Number **T 14 S**

Range Number **R 03**

**W**

Distance and direction from nearest town or city street address of well if located within city?  
**~413 N. 5<sup>th</sup> St. (190' N of Pine St. & 5' W of 5<sup>th</sup> St.)**

2

WATER WELL OWNER:

**Kansas Department of Health & Environment**

**1000 SW Jackson Ste 410**

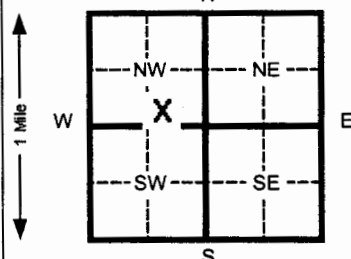
**Topeka, KS 66612-1367**

Board of Agriculture, Division of Water Resources

Application Number:

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



4

DEPTH OF COMPLETED WELL

**64.1** ft.

ELEVATION:

Depth(s) Groundwater Encountered 1 \_\_\_\_\_ ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL **30.31** ft. below land surface measured on **mo/day/yr** **11-11-04**

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

Est. Yield \_\_\_\_\_ gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Bore Hole Diameter **8.5** in. to **64.1** ft. and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

2 Irrigation 4 Industrial 7 Lawn and garden (domestic) **10 Monitoring well**

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **X** If yes, mo/day/yr sample was submitted \_\_\_\_\_

Water Well Disinfected? Yes \_\_\_\_\_ No **X**

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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 **Flush**

Blank casing diameter **2** in. to **54.1** ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface **Flushmount** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **Sch. 40**

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 10 Other (specify) \_\_\_\_\_

SCREEN-PERFORATED INTERVALS: From **54.1** ft. to **64.1** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **50.6** ft. to **64.1** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

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GROUT MATERIAL:

1 Neat cement 2 Cement grout **3 Bentonite** 4 Other **Bentonite Grout**

Grout Intervals From **1** ft. to **6** ft. From **6** ft. to **46.2** ft. From **46.2** ft. to **50.6** 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? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4		Lean Clay			
4	12		Clay, lean			
12	15		Clayey Silt with very fine sand			
15	26		Clayey Silt			
26	31		Sand with Silt, fine			
31	38		Sand w/Silt, fine to med grained			
38	50		Sand, fine to med grained			
			Sand, med to coarse grained			
50	55		with silt or silt seams			
55	64		Sand, med to coarse grained			
64			Shale, gray			

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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/yr) **11-4-04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **12-1-04** under the business name of **Geotechnical Services, Inc.** by (signature) \_\_\_\_\_

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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