

1 LOCATION OF WATER WELL:

County: SALINE

Fraction

SE 1/4 SW 1/4 SE 1/4

Section Number

36

Township Number

T 14 S

Range Number

R 3 E ☐ W

2 WELL OWNER: Last Name:

First:

HELLMUTH CHRIS

Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: ☒

Business:

Address:

Address:

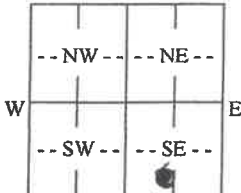
City:

713 EILEEN LN.
SALINA State KS ZIP: 67401

713 EILEEN LANE

3 LOCATE WELL WITH "X" IN SECTION BOX:

N



W

E

S

1 mile

4 DEPTH OF COMPLETED WELL: 45 ft.

Depth(s) Groundwater Encountered: 1) 2.5 ft.

2) 2.5 ft. 3) 2.5 ft. or 4) ☐ Dry Well

WELL'S STATIC WATER LEVEL: 25 ft.

☒ below land surface, measured on (mo-day-yr) 05-11-18

☐ above land surface, measured on (mo-day-yr) _____

Pump test data: Well water was 26 ft.

after 1 hours pumping 20 gpm

Well water was _____ ft.

after _____ hours pumping _____ gpm

Estimated Yield: _____ gpm

Bore Hole Diameter: 10 in. to 50 ft. and

_____ in. to _____ ft.

5 Latitude: _____ (decimal degrees)

Longitude: _____ (decimal degrees)

Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27

Source for Latitude/Longitude:

☐ GPS (unit make/model: _____)

(WAAS enabled? ☐ Yes ☐ No)

☐ Land Survey ☐ Topographic Map

☐ Online Mapper: _____

6 Elevation: _____ ft. ☐ Ground Level ☐ TOC

Source: ☐ Land Survey ☐ GPS ☐ Topographic Map

☐ Other _____

7 WELL WATER TO BE USED AS:

1. Domestic:

☐ Household

☒ Lawn & Garden

☐ Livestock

2. ☐ Irrigation

3. ☐ Feedlot

4. ☐ Industrial

5. ☐ Public Water Supply: well ID _____

6. ☐ Dewatering: how many wells? _____

7. ☐ Aquifer Recharge: well ID _____

8. ☐ Monitoring: well ID _____

9. Environmental Remediation: well ID _____

☐ Air Sparge

☐ Soil Vapor Extraction

☐ Recovery

☐ Injection

10. ☐ Oil Field Water Supply: lease _____

11. Test Hole: well ID _____

☐ Cased ☐ Uncased ☐ Geotechnical

12. Geothermal: how many bores? _____

a) Closed Loop ☐ Horizontal ☐ Vertical

b) Open Loop ☐ Surface Discharge ☐ Inj. of Water

13. ☐ Other (specify): _____

Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No

If yes, date sample was submitted: _____

Water well disinfected? ☒ Yes ☐ No

8 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other _____

CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded

Casing diameter 5 in. to 40 ft. Diameter _____ in. to _____ ft.

Casing height above land surface 12 in. Weight 16.0 lbs./ft. Wall thickness or gauge No. S&P 26

TYPE OF SCREEN OR PERFORATION MATERIAL:

☐ Steel

☐ Stainless Steel

☐ Fiberglass

☒ PVC

☐ Other (Specify) _____

☐ Brass

☐ Galvanized Steel

☐ Concrete tile

☐ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

☐ Continuous Slot

☒ Mill Slot 1/200

☐ Gauze Wrapped

☐ Torch Cut

☐ Drilled Holes

☐ Other (Specify) _____

☐ Louvered Shutter

☐ Key Punched

☐ Wire Wrapped

☐ Saw Cut

☐ None (Open Hole)

SCREEN-PERFORATED INTERVALS: From 40 ft. to 45 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 22 ft. to 45 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

9 GROUT MATERIAL:

☐ Neat cement

☐ Cement grout

☒ Bentonite

☐ Other _____

Grout Intervals: From 0 ft. to 22 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

Nearest source of possible contamination:

☐ Septic Tank

☐ Lateral Lines

☐ Pit Privy

☐ Livestock Pens

☐ Insecticide Storage

☐ Sewer Lines

☐ Cess Pool

☐ Sewage Lagoon

☐ Fuel Storage

☐ Abandoned Water Well

☒ Watertight Sewer Lines

☐ Seepage Pit

☐ Feedyard

☐ Fertilizer Storage

☐ Oil Well/Gas Well

☐ Other (Specify) _____

Direction from well? West Distance from well? 20 ft.

10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS

FROM	TO	LITHOLOGIC LOG
0	32	FILL DIRT
2	12	CLAY BROWN FIRM
12	18	SANDY LOAM TAN
18	32	CLAY TAN SILTY
32	45	SAND MED. TAN CLEAN

Notes:

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:

This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged

under my jurisdiction and was completed on (mo-day-yr) 05-11-18 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 388 This Water Well Record was completed on (mo-day-yr) 05-11-18

under the business name of PESTING & PUMP SERVICE Paul A. Muehl

INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas

Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

Revised 9/10/2012