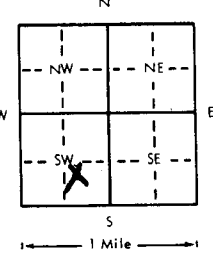


1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: SALINE		NW 1/4 SE 1/4 SW 1/4	25	T 14 S	R 3 E/W		
Distance and direction from nearest town or city?			Street address of well if located within city?				
			2242 QUINCY				
2 WATER WELL OWNER: JAMES GRIT							
RR#, St. Address, Box #: 2242 QUINCY							
City, State, ZIP Code: SALINA, KS 67401							
Board of Agriculture, Division of Water Resources Application Number:							
3 DEPTH OF COMPLETED WELL: 53 ft. Bore Hole Diameter: 8 1/2 in. to 53 ft., and . . . in. to . . . ft.							
Well 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)							
2 Lawn and garden only 10 Observation well							
Well's static water level: 17 ft. below land surface measured on 6 month 6 day 25 year							
Pump Test Data: Well water was 19 ft. after 1 hours pumping 35 gpm							
Est. Yield 75T gpm: Well water was . . . 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 <input checked="" type="checkbox"/> Clamped . . .							
2 <input checked="" type="checkbox"/> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded . . .							
7 Fiberglass Threaded . . .							
Blank casing dia: 5 in. to 48 ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.							
Casing height above land surface: 12 in., weight 260 lbs./ft. Wall thickness or gauge No. SDR 26							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 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 <input checked="" type="checkbox"/> 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: 5 in. to 5 ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.							
Screen-Perforated Intervals: From 48 ft. to 53 ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.							
Gravel Pack Intervals: From . . . ft. to . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.							
5 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement 2 Cement grout 3 Bentonite 4 Other . . .							
Grouted Intervals: From 1 ft. to 10 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)							
<input checked="" type="checkbox"/> Watertight sewer lines							
Direction from well . . . How many feet . . . ? Water Well Disinfected? Yes . . . No							
Was a chemical/bacteriological sample submitted to Department? Yes . . . No <input checked="" type="checkbox"/> If yes, date sample							
was submitted . . . month . . . day . . . year: Pump Installed? Yes <input checked="" type="checkbox"/> No							
If Yes: Pump Manufacturer's name: WEBTECH Model No. 1025580 HP 1/2 Volts 230							
Depth of Pump Intake 40 ft. Pumps Capacity rated at 10 gal./min.							
Type of pump: <input checked="" type="checkbox"/> Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other							
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was							
completed on 6 month 6 day 25 year							
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 6 month 6 day 25 year under the business							
name of . . . by (signature)							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		1	9	TOP SOIL	01		
		10	27	SANDY LOAM	04		
		28	31	CLAY	01		
		32	47	MED GRAVEL	14		
		48	48	CLAY	01		
		49	53	MED GRAVEL	14		
ELEVATION:							
Depth(s) Groundwater Encountered 1. 18 ft. 2. 32 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.							

DP