

LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>Saline</u>		<u>NW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$	<u>26</u>	T <u>19</u> S	R <u>3W</u> E/W		
Distance and direction from nearest town or city?			Street address of well if located within city?				
			<u>500 Otto, Salina Kans</u>				
WATER WELL OWNER: <u>Lawrence Sander</u>							
R#, St. Address, Box #: <u>500 Otto</u>							
City, State, ZIP Code: <u>Salina Kansas 67401</u>							
Board of Agriculture, Division of Water Resources Application Number:							
DEPTH OF COMPLETED WELL: <u>56</u> ft. Bore Hole Diameter: <u>6</u> in. to <u>56</u> ft., and _____ in. to _____ ft.							
Well Water to be used as:							
5 Public water supply		8 Air conditioning		11 Injection well			
1 Domestic		3 Feedlot		6 Oil field water supply			
2 Irrigation		4 Industrial		9 Dewatering			
7 <u>Lawn and garden only</u>		10 Observation well		12 Other (Specify below)			
Well's static water level: <u>25</u> ft. below land surface measured on <u>March</u> month <u>17</u> day <u>1981</u> year							
Pump Test Data: Well water was <u>ND</u> ft. after <u>1/2</u> hours pumping <u>18</u> gpm							
Test Yield: <u>25</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
TYPE OF BLANK CASING USED:							
1 Steel		3 RMP (SR)		5 Wrought iron			
2 PVC		4 ABS		6 Asbestos-Cement			
				7 Fiberglass			
				8 Concrete tile			
				9 Other (specify below)			
Casing Joints: <u>Glued</u> _____ Clamped _____							
_____ Welded _____							
_____ Threaded _____							
Blank casing dia: <u>4</u> in. to <u>53</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>SDR 26</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		3 Stainless steel		5 Fiberglass			
2 Brass		4 Galvanized steel		6 Concrete tile			
				7 PVC			
				8 RMP (SR)			
				9 ABS			
				10 Asbestos-cement			
				11 Other (specify)			
				12 None used (open hole)			
Screen or Perforation Openings Are:							
1 Continuous slot		3 Mill slot		5 Gauzed wrapped			
2 Louvered shutter		4 Key punched		6 Wire wrapped			
				7 Torch cut			
				8 Saw cut			
				11 None (open hole)			
Screen-Perforation Dia: <u>4</u> in. to <u>56</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Screen-Perforated Intervals: From <u>53</u> ft. to <u>56</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
Travel Pack Intervals: From <u>35</u> ft. to <u>56</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
GROUT MATERIAL:							
1 Neat cement		2 Cement grout		3 Bentonite			
4 Other							
Grouted Intervals: From <u>3</u> ft. to <u>13</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
What is the nearest source of possible contamination: <u>City - ND</u>							
1 Septic tank		4 Cess pool		7 Sewage lagoon			
2 Sewer lines		5 Seepage pit		8 Feed yard			
3 Lateral lines		6 Pit privy		9 Livestock pens			
				10 Fuel storage			
				11 Fertilizer storage			
				12 Insecticide storage			
				13 Watertight sewer lines			
				14 Abandoned water well			
				15 Oil well/Gas well			
				16 Other (specify below)			
Direction from well: <u>ND</u> How many feet _____? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
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 <input type="checkbox"/>							
Yes: Pump Manufacturer's name: <u>Myers</u> Model No. <u>52H51-511</u> HP <u>1/2</u> Volts <u>120</u>							
Depth of Pump Intake: <u>50</u> ft. Pumps Capacity rated at <u>18</u> gal./min.							
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other							
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) <u>reconstructed</u> , or (3) <u>plugged</u> under my jurisdiction and was							
Completed on <u>March</u> month <u>19</u> day <u>1981</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>							
His Water Well Record was completed on <u>March</u> month <u>19</u> day <u>1981</u> year under the business							
Name of _____ by (signature)							
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		<u>0</u>	<u>40</u>	<u>Clay + silt, gray + brown</u>			
		<u>40</u>	<u>56</u>	<u>Sand + gravel, fine</u>			
		<u>56</u>	<u>+</u>	<u>Shale, gray (wellington)</u>			
ELEVATION:							
Depth(s) Groundwater Encountered 1. <u>40</u> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft.		(Use a second sheet if needed)					