

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
county: <b>SALINE</b>	<b>SW 1/4 SW 1/4 NW 1/4</b>	<b>30</b>	<b>T 14 S</b>	<b>R 3 EW</b>

Distance and direction from nearest town or city?

Street address of well if located within city?

#5 RED FOX LANE

WATER WELL OWNER: <b>JOHN YOUNG</b>	Board of Agriculture, Division of Water Resources
R#, St. Address, Box #: <b>#5 RED FOX LANE</b>	Application Number:
City, State, ZIP Code: <b>SALINA, KS 67401</b>	

DEPTH OF COMPLETED WELL: **50** ft. Bore Hole Diameter: **8 1/2** in. to **50** ft., and . . . in. to . . . ft.

Well Water to be used as:

5 Public water supply	8 Air conditioning	11 Injection well
<input checked="" type="checkbox"/> Domestic	9 Dewatering	12 Other (Specify below)
3 Feedlot	10 Observation well	
2 Irrigation		
4 Industrial		
7 Lawn and garden only		

Well's static water level: **21** ft. below land surface measured on . . . month **3** day **84** year

Pump Test Data: Well water was **23** ft. after **15** hours pumping **40** gpm

Test Yield **80+** gpm: Well water was . . . ft. after . . . hours pumping . . . gpm

TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	Casing Joints: Glued <input checked="" type="checkbox"/> Clamped . . .
<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded . . .
		7 Fiberglass		Threaded . . .

Blank casing dia: **5** in. to **45** ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.

Casing height above land surface: **12** in., weight **160** lbs./ft. Wall thickness or gauge No. **SDB 26**

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	<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 **45** ft. to **50** ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.

Travel Pack Intervals: From . . . ft. to . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.

From . . . ft. to . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.

GROUT MATERIAL: 1 Neat cement ☒ 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)

Direction from well: **NORTH** How many feet: **50** ? Water Well Disinfected? Yes ☒ NoWas a chemical/bacteriological sample submitted to Department? Yes ☒ No ☒ If yes, date sample

Was submitted . . . month . . . day . . . year: Pump Installed? Yes . . . No

Yes: Pump Manufacturer's name . . . 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

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, (2) reconstructed, or (3) plugged under my jurisdiction and wasCompleted on **5** month **3** day **84** yearAnd 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 **5** month **5** day **84** year under the businessName of . . . by (signature) **Paul D. Postigo**

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

FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG

1 10 TOP SOIL

11 21 SANDY LOAM

22 24 CLAY

25 50 MED. GRAVEL

ELEVATION:

Depth(s) Groundwater Encountered 1. **21** 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.