

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number				
County: Saline		NE ¼ NE ¼ NE ¼	27	T 15 S	R 1 W 4E					
Distance and direction from nearest town or city street address of well if located within city?										
1 mile East of Gypsum, Ks on kingman Rd & ¾ mile Northon Donmeyer Rd										
2 WATER WELL OWNER: Steve Carrier										
RR#, St. Address, Box # : P.O. Box 102				Board of Agriculture, Division of Water Resources						
City, State, ZIP Code : Gypsum, Kansas 67448				Application Number:						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL..... 5.4 ..... ft. ELEVATION: .....								
<div style="text-align:center;">N ↓ <table border="1" style="margin:auto; width:100px; height:100px;"><tr><td>NW</td><td>NE *</td></tr><tr><td>SW</td><td>SE</td></tr></table> S ↑ W ← → E</div>		NW	NE *	SW	SE	Depth(s) Groundwater Encountered 1..... 15 ..... ft. 2..... .ft. 3..... .ft.				
		NW	NE *							
		SW	SE							
		WELL'S STATIC WATER LEVEL ..... 14 ... ft. below land surface measured on mo/day/yr 7.../. 1.../. 02.....								
		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm								
Est. Yield ... 6-7 ... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm										
Bore Hole Diameter. .... 9 ..... in. to ..... 5.4 ..... ft., and ..... in. to ..... ft.										
WELL WATER TO BE USED AS: <u>1 Domestic</u> 3 Feedlot     6 Oil field water supply     9 Dewatering     12 Other (Specify below) 2 Irrigation    4 Industrial    7 Domestic (lawn & garden) 10 Monitoring well .....										
Was a chemical/bacteriological sample submitted to Department? Yes. .... No. * ; If yes, mo/day/yrs sample was submitted					Water Well Disinfected? Yes * No					
5 TYPE OF BLANK CASING USED:		5 Wrought iron		8 Concrete tile		CASING JOINTS: Glued. * Clamped. ....				
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below)				
2 PVC		4 ABS		7 Fiberglass		Threaded.....				
Blank casing diameter ..... 5 .....in. to ..... 5.4 ..... ft., Dia .....in. to ..... ft., Dia .....in. to ..... ft.										
Casing height above land surface. .... 16 ..... in., weight ..... 16.0 ..... lbs./ft. Wall thickness or gauge No. ... 2.1 4.....										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
1 Steel       3 Stainless steel       5 Fiberglass       U 7 PVC       10 Asbestos-cement										
2 Brass      4 Galvanized steel      6 Concrete tile      8 RMP (SR)      11 Other (specify) .....										
SCREEN OR PERFORATION OPENINGS ARE:										
1 Continuous slot      3 Mill slot      200#      5 Gauzed wrapped      8 Saw cut      11 None (open hole)										
2 Louvered shutter    4 Key punched      6 Wire wrapped      7 Torch cut      9 Drilled holes										
SCREEN-PERFORATED INTERVALS: From ..... 14 ..... ft. to ..... 5.4 ..... ft., From ..... ft. to ..... ft.										
GRAVEL PACK INTERVALS: From ..... 13 ..... ft. to ..... 5.4 ..... ft., From ..... ft. to ..... ft.										
From ..... ft. to ..... ft., From ..... ft. to ..... ft.										
6 GROUT MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other .....										
Grout Intervals: From ..... 0 ..... ft. to ..... 13 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... 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)										
Direction from well? NORTHEAST APPROX How many feet? 175										
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS					
0	3	BROWN CLAY								
3	5	BROWN & TAN ROCK								
5	7	BROWN CLAY								
7	15	TAN ROCK								
15	24	SOFT CLAY								
24	32	DARK CLAY								
32	38	LITE TAN CLAY								
38	54	GRAY CLAY								
7 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/year) 7... /. 1... /.. 02..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. .... 397..... This Water Well Record was completed on (mo/day/yr) 7... /. 8... /.. 02..... under the business name of CENTRAL KANSAS DRILLING by (signature) Harold D. Martin										
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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.										