

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Saline</u>		<u>NW</u> 1/4 <u>NE</u> 1/4 <u>NW</u> 1/4	<u>5</u>	T <u>15</u> S	R <u>1W</u> E/W
Distance and direction from nearest town or city street address of well if located within city? <u>0.1 Mile west of Kipp Kansas</u>					
2 WATER WELL OWNER: <u>Mike Reinbold</u>					
RR#, St. Address, Box # : <u>7256 E. Schilling Rd.</u>					
City, State, ZIP Code : <u>Saline KS. 67401</u>					
Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>60</u> ft. ELEVATION: <u>±1215</u>			
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <u>16</u> ft. below land surface measured on mo/day/yr <u>5/28/86</u>			
		Pump test data: Well water was <u>ND</u> ft. after <u>1/2</u> hours pumping <u>3</u> gpm			
		Est. Yield <u>2.5</u> gpm: Well water was .... ft. after .... hours pumping .... gpm			
		Bore Hole Diameter <u>6</u> in. to <u>60</u> ft., and .... in. to .... ft.			
WELL WATER TO BE USED AS:					
1 <u>Domestic</u> 3 Feedlot      6 Oil field water supply      9 Dewatering      11 Injection well 2 Irrigation      4 Industrial      7 Lawn and garden only      10 Observation well      12 Other (Specify below)					
Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No					
5 TYPE OF BLANK CASING USED:					
1 Steel      3 RMP (SR)      5 Wrought iron      8 Concrete tile      CASING JOINTS: <u>Glued</u> ..... Clamped ..... 2 <u>PVC</u> 4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded ..... 7 Fiberglass      Threaded .....					
Blank casing diameter <u>4</u> in. to <u>40</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>SAR 2.6</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel      3 Stainless steel      5 Fiberglass      7 <u>PVC</u> 10 Asbestos-cement 2 Brass      4 Galvanized steel      6 Concrete tile      8 RMP (SR)      11 Other (specify) ..... 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot      3 Mill slot      5 Gauzed wrapped      8 <u>Saw cut</u> 11 None (open hole) 2 Louvered shutter      4 Key punched      6 Wire wrapped      9 Drilled holes 7 Torch cut      10 Other (specify) .....					
SCREEN-PERFORATED INTERVALS: From <u>40</u> ft. to <u>60</u> ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>60</u> ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL: 1 <u>Neat cement</u> 2 Cement grout      3 Bentonite      4 Other .....					
Grout 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>ND</u>					
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) 13 Insecticide storage					
Direction from well? How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>0</u>	<u>24.5</u>	<u>Clay + silt</u>			
<u>24.5</u>	<u>25</u>	<u>Sand, silty</u>			
<u>25</u>	<u>60</u>	<u>Shale, gray + white, thin limestone zones (Wellington)</u>			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5/28/86</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>126</u> This Water Well Record was completed on (mo/day/yr) <u>5/29/86</u>					
under the business name of <u>Hydraulic Drilling Co</u> by (signature) <u>[Signature]</u>					
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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					