

1 LOCATION OF WATER WELL: County: Saline	Fraction SE ¼ SE ¼ SW ¼	Section Number 29	Township Number T 15 S	Range Number R 1
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2 miles West of Gypsum, KS

RR#, St. Address, Box # : 310 Ray
City, State, ZIP Code : Salina, KS 67401

Application Number:

4 DEPTH OF COMPLETED WELL.....53 ft. ELEVATION:

Depth(s) Groundwater Encountered 1. 19 ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL 19 ft. below land surface measured on mo/day/yr 7/21/87

Pump test data: Well water was ft. after hours pumping gpm

Est. Yield . . . 4-5 gpm: Well water was . . . 40 . . . ft. after . . . 2 . . . hours pumping . . . 5 . . . gpm

Bore Hole Diameter . . . 8 . . . in. to . . . 53 . . . ft., and . . . in. to . . . ft.

WELL WATER TO BE USED AS:	5 Public water supply	8 Air conditioning	11 Injection well
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1 Domestic	3 Feedlot	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
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2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well

Was a chemical/bacteriological sample submitted to Department? Yes.....No.....**X**.....: If yes, mo/day/yr sample was sub-

Water Well Disinfected? Yes ☒ No ☐

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)
2 PVC	4 ABS

5 Wrought iron

8 Concrete tile

CASING JOINTS: Glued _____ Clamped _____

Blank casing diameter 5 in. to 23 ft., Dia 28 in. to 48 ft., Dia _____ in. to _____ ft.

Casing height above land surface.....12.....in., weight.....2.91.....lbs./ft. Wall thickness or gauge No.265

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 <u>RMP</u> (SR)	11 Other (specify) . . .
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)

SCREEN-PERFORATED INTERVALS: From 23 ft. to 28 ft., From 48 ft. to 53 ft.

GRAVEL PACK INTERVALS: From 20 ft. to 53 ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 <u>Sewage lagoon</u>	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	Lagoon

Direction from well? West How many feet? 100

[illegible]

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) 7-21-87 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. 138 This Water Well Record was completed on (mo/day/yr) 7-25-87
under the business name of Peterson Irrigation, Inc. by (signature) Mike Peterson

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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.