

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>SALINE</u>		<u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>1</u>	T <u>15</u> S	R <u>3</u> NW		
Distance and direction from nearest town or city? <u>1 1/2 miles South of SALINA KS.</u>			Street address of well if located within city?				
2 WATER WELL OWNER: <u>MRS. ROBERT SHIRACK</u>							
RR#, St. Address, Box # : <u>Rt. 4</u>			Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : <u>SALINA KS. 67401</u>			Application Number:				
3 DEPTH OF COMPLETED WELL : <u>163</u> ft. Bore Hole Diameter : <u>8</u> in. to <u>63</u> ft., and _____ in. to _____ ft.							
Well Water to be used as:							
☒ Domestic		☐ 3 Feedlot		☐ 11 Injection well			
☐ 2 Irrigation		☐ 4 Industrial		☐ 12 Other (Specify below)			
☐ 5 Public water supply		☐ 6 Oil field water supply		☐ 9 Dewatering			
☐ 7 Lawn and garden only		☐ 10 Observation well		☐ 8 Air conditioning			
Well's static water level : <u>21</u> ft. below land surface measured on <u>8</u> month <u>30</u> day <u>80</u> year							
Pump Test Data : Well water was <u>27</u> ft. after <u>2</u> hours pumping. <u>12</u> gpm							
Est. Yield <u>30</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
4 TYPE OF BLANK CASING USED:							
☐ 1 Steel		☐ 3 RMP (SR)		☐ 5 Wrought iron			
☒ PVC		☐ 4 ABS		☐ 6 Asbestos-Cement			
☐ 2 Brass		☐ 3 Stainless steel		☐ 7 Fiberglass			
☐ 4 Galvanized steel		☐ 5 Fiberglass		☐ 8 RMP (SR)			
☐ 6 Concrete tile		☐ 9 ABS		☐ 10 Asbestos-cement			
☐ 11 Other (specify)		☐ 12 None used (open hole)		Casing Joints: Glued ☒ Clamped _____			
☐ Welded _____		☐ Threaded _____					
Blank casing dia : <u>5</u> in. to <u>52</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Casing height above land surface : <u>12</u> in., weight <u>2.5</u> lbs./ft. Wall thickness or gauge No. <u>265</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
☐ 1 Steel		☐ 3 Stainless steel		☐ 5 Fiberglass			
☐ 2 Brass		☐ 4 Galvanized steel		☐ 6 Concrete tile			
☐ 7 Torch cut		☐ 8 Saw cut		☐ 11 None (open hole)			
☐ 9 Drilled holes		☐ 10 Other (specify)					
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)			
☐ 9 Drilled holes		☐ 10 Other (specify)					
Screen-Perforation Dia : <u>5</u> in. to <u>62</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Screen-Perforated Intervals: From <u>52</u> ft. to <u>62</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
Gravel Pack Intervals: From <u>15</u> ft. to <u>62</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
5 GROUT MATERIAL: ☒ Neat cement ☐ 2 Cement grout ☐ 3 Bentonite ☐ 4 Other							
Grouted Intervals: From <u>5</u> ft. to <u>15</u> 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			
☐ 2 Sewer lines		☐ 5 Seepage pit		☐ 8 Feed yard			
☒ 3 Lateral lines		☐ 6 Pit privy		☐ 9 Livestock pens			
☐ 10 Fuel storage		☐ 14 Abandoned water well		☐ 15 Oil well/Gas well			
☐ 11 Fertilizer storage		☐ 12 Insecticide storage		☐ 16 Other (specify below)			
☐ 13 Watertight sewer lines							
Direction from well : <u>EAST</u> How many feet <u>75</u> ? Water Well Disinfected? Yes ☒ No ☐							
Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒ If yes, date sample was submitted _____ month _____ day _____ year							
Pump Installed? Yes ☐ No ☒							
If 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							
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ (2) reconstructed, or ☐ (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>138</u>							
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>PETERSON IRRIGATION INC.</u> by (signature) <u>Mike Peterson</u>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		<u>0</u>	<u>5</u>	<u>Top Soil</u>			
		<u>5</u>	<u>27</u>	<u>BROWN CLAY</u>			
		<u>27</u>	<u>32</u>	<u>BROWN SANDY CLAY</u>			
		<u>32</u>	<u>38</u>	<u>FINE SAND</u>			
		<u>38</u>	<u>44</u>	<u>GRAY CLAY</u>			
		<u>44</u>	<u>52</u>	<u>CREEK SAND + GRAVEL</u>			
		<u>52</u>	<u>54</u>	<u>GRAY CLAY</u>			
		<u>54</u>	<u>63</u>	<u>MEDIUM SAND</u>			
		<u>63</u>	<u>65</u>	<u>GREEN SHALE</u>			
ELEVATION:							
Depth(s) Groundwater Encountered 1. <u>32</u> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)							

OFFICE USE ONLY

T

15

R

3

EW

SEC.

1

SW 1/4 SE 1/4 SW 1/4