

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Saline</u>		<u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	<u>1</u>	T. <u>15</u> S	R. <u>3W</u> E/W
Distance and direction from nearest town or city? <u>1 mile S. Salina</u>			Street address of well if located within city?		

2 WATER WELL OWNER: <u>Standard Contracting Co</u>		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box #: <u>P.O. Box 1268</u>		
City, State, ZIP Code: <u>Salina Kans 67401</u>		

3 DEPTH OF COMPLETED WELL: <u>58</u> ft. Bore Hole Diameter: <u>6</u> in. to <u>58</u> ft., and _____ in. to _____ ft.	
Well Water to be used as:	5 Public water supply 8 Air conditioning 11 Injection well 12 Other (Specify below)
1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 6 Oil field water supply 7 Lawn and garden only 9 Dewatering 10 Observation well	
Well's static water level: <u>20</u> ft. below land surface measured on <u>March</u> month <u>11</u> day <u>1980</u> year	
Pump Test Data	Well water was <u>ND</u> ft. after <u>1/2</u> hours pumping <u>30</u> gpm
Est. Yield <u>50</u> gpm	Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	Casing Joints: <u>Glued</u> _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
2 PVC	4 ABS	7 Fiberglass		Threaded _____
Blank casing dia: <u>4</u> in. to <u>55</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>200</u>		
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC	10 Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SB)	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)
Screen or Perforation Openings Are:		5 Gauzed wrapped	8 Saw cut	11 None (open hole)
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-Perforation Dia: <u>3/32</u> in. to <u>58</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				
Screen-Perforated Intervals: From <u>55</u> ft. to <u>58</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
Gravel Pack Intervals: From <u>50</u> ft. to <u>58</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				

5 GROUT MATERIAL: 1 Neat cement		2 Cement grout	3 Bentonite	4 Other _____
Grouted 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:		10 Fuel storage	14 Abandoned water well	
1 Septic tank	4 Cess pool	7 Sewage lagoon	11 Fertilizer storage	15 Oil well/Gas well
2 Sewer lines	5 Seepage pit	8 Feed yard	12 Insecticide storage	16 Other (specify below)
3 Lateral lines	6 Pit privy	9 Livestock pens	13 Watertight sewer lines	
Direction from well: <u>North</u> How many feet: <u>120'</u>		Water Well Disinfected? Yes <u>X</u> No _____		
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u>		If yes, date sample was submitted _____ month _____ day _____ year		
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 (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>March</u> month <u>11</u> day <u>1980</u> year	
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 <u>March</u> month <u>25</u> day <u>1980</u> year under the business name of <u>Hydraulic Drilling Co</u> by (signature) <u>Oliver</u>	

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	<u>0</u>	<u>35</u>	<u>Clay & silt tan</u>			
	<u>35</u>	<u>54</u>	<u>Sand, fine & silt, gray</u>			
	<u>54</u>	<u>58</u>	<u>Gravel, fine to coarse & sand</u>			

ELEVATION: _____

Depth(s) Groundwater Encountered	1. <u>35</u> ft.	2. _____ ft.	3. _____ ft.	4. _____ ft.	(Use a second sheet if needed)
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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.

OFFICE USE ONLY

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EWD

SEC.

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NE $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$