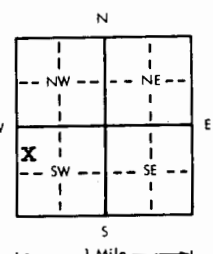


| | | | | | |
|---|--|---|--|--|------------------------|
| 1 LOCATION OF WATER WELL | | Fraction | Section Number | Township Number | Range Number |
| County: <u>Saline</u> | | <u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ | <u>16</u> | <u>T 15 S</u> | <u>R 3 E/W</u> |
| Distance and direction from nearest town or city? <u>1 mile east of Smoland Ks.</u> | | | Street address of well if located within city? | | |
| 2 WATER WELL OWNER: <u>Verle Burt</u> RR#, St. Address, Box #: <u>RFD 1</u> City, State, ZIP Code: <u>Smoland Ks. 67479</u> | | | Board of Agriculture, Division of Water Resources Application Number: | | |
| 3 DEPTH OF COMPLETED WELL: <u>52</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>52</u> ft., and in. to ft. | | | | | |
| Well Water to be used as: | | 5 Public water supply | | 8 Air conditioning | |
| 1 Domestic | | 3 Feedlot | | 11 Injection well | |
| 2 Irrigation | | 6 Oil field water supply | | 9 Dewatering | |
| 4 Industrial | | <input checked="" type="checkbox"/> Lawn and garden only | | 12 Other (Specify below) | |
| 10 Observation well | | | | | |
| Well's static water level: <u>21</u> ft. below land surface measured on | | <u>3</u> month | | <u>17</u> day <u>82</u> year | |
| Pump Test Data | | Well water was: <u>50</u> ft. after | | <u>2</u> hours pumping | |
| Est. Yield <u>7</u> gpm | | Well water was | | <u>7</u> gpm | |
| 4 TYPE OF BLANK CASING USED: | | | | | |
| 1 Steel | | 3 RMP (SR) | | 5 Wrought iron | |
| <input checked="" type="checkbox"/> PVC | | 4 ABS | | 6 Asbestos-Cement | |
| 5 | | 42 | | 7 Fiberglass | |
| Blank casing dia in. to | | ft., Dia | | in. to ft., Dia | |
| Casing height above land surface | | in., weight | | 160 lbs./ft. Wall thickness or gauge No | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | <input checked="" type="checkbox"/> PVC | | 10 Asbestos-cement | |
| 1 Steel | | 3 Stainless steel | | 5 Fiberglass | |
| 2 Brass | | 4 Galvanized steel | | 6 Concrete tile | |
| 5 | | 10 | | 8 RMP (SR) | |
| Screen or Perforation Openings Are: | | 5 Gauzed wrapped | | <input checked="" type="checkbox"/> Saw cut | |
| 1 Continuous slot | | 3 Mill slot | | 11 None (open hole) | |
| 2 Louvered shutter | | 4 Key punched | | 6 Wire wrapped | |
| 5 | | 10 | | 9 Drilled holes | |
| Screen-Perforation Dia in. to | | ft., Dia | | in. to ft., Dia | |
| Screen-Perforated Intervals: | | From 42 ft. to 52 ft. | | From ft. to ft. | |
| Gravel Pack Intervals: | | From ft. to ft. | | From ft. to ft. | |
| 5 GROUT MATERIAL: | | | | | |
| 1 Neat cement | | 2 Cement grout | | <input checked="" type="checkbox"/> Bentonite | |
| Grouted Intervals: From 1 ft. to 10 ft. | | From ft. to ft. | | 4 Other | |
| 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 | |
| <input checked="" type="checkbox"/> Lateral lines | | 6 Pit privy | | 9 Livestock pens | |
| Direction from well: <u>south</u> | | How many feet: <u>80</u> | | Water Well Disinfected? Yes No <input checked="" type="checkbox"/> | |
| Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, date sample was submitted month day year | | | | | |
| Pump Installed? Yes No <input checked="" type="checkbox"/> 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) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 3 month 12 day 82 year | | | | | |
| and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 388 | | | | | |
| This Water Well Record was completed on 3 month 17 day 82 year under the business name of <u>Pestinger Pump Ser.</u> by (signature) | | | | | |
| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | FROM | TO | LITHOLOGIC LOG | FROM TO LITHOLOGIC LOG |
|  | | 1 | 5 | top soil | |
| | | 6 | 28 | clay | |
| | | 29 | 35 | small gravel | |
| | | 36 | 32 | shale blue | |
| ELEVATION: | | | | | |
| Depth(s) Groundwater Encountered 1. <u>28</u> ft. 2. ft. 3. ft. 4. ft. (Use a second sheet if needed) | | | | | |
| 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. | | | | | |