

<b>1 LOCATION OF WATER WELL:</b> County: <u>Saline</u>		Fraction <u>SE ¼ SE ¼ NE ¼</u>	Section Number <u>20</u>	Township Number T <u>15</u> S	Range Number R <u>4</u> EW
Distance and direction from nearest town or city street address of well if located within city?					
<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box # : City, State, ZIP Code :			#4 Board of Agriculture, Division of Water Resources Application Number:		
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL.</b> <u>13'</u> ft. ELEVATION: _____ft.			
<p>A diagram showing a section box divided into four quadrants labeled NW, NE, SW, and SE. A circle containing an 'x' marks the location in the NE quadrant.</p>		Depth(s) Groundwater Encountered <u>10'</u> ft. 2. _____ft. 3. _____ft. WELL'S STATIC WATER LEVEL <u>10'</u> ft. below land surface measured on mo/day/yr <u>8/21/92</u>			
		Pump test data: Well water was _____ft. after _____hours pumping _____gpm Est. Yield _____gpm; Well water was _____ft. after _____hours pumping _____gpm Bore Hole Diameter _____in. to _____ft., and _____in. to _____ft.			
		WELL WATER TO BE USED AS: 1 Domestic      3 Feedlot      6 Oil field water supply    9 Dewatering                  12 Other (Specify below) 2 Irrigation     4 Industrial    7 Lawn and garden only   10 Monitoring well _____			
		Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <u>X</u> No _____			
<b>5 TYPE OF BLANK CASING USED:</b>					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____Clamped _____
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____Threaded _____
Blank casing diameter <u>4.8"</u> in. to _____ft., Dia _____in. to _____ft., Dia _____in. to _____ft.					
Casing height above land surface <u>60"</u> in., weight _____lbs./ft. Wall thickness or gauge No. _____					
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>					
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) <u>Rack</u>
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>					
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes	
<b>SCREEN-PERFORATED INTERVALS:</b>					
From _____ft. to _____ft.		From _____ft. to _____ft.			
GRAVEL PACK INTERVALS:					
From _____ft. to _____ft.		From _____ft. to _____ft.			
<b>6 GROUT MATERIAL:</b>					
Grout Intervals: From <u>5.5</u> ft. to <u>6</u> ft.		From _____ft. to _____ft.			
What is the nearest source of possible contamination:					
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) <u>NONE</u>
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			0	5.5	Compacted Soil
			5.5	6	Cement
			6	10	Rock Sides & Compacted Soil
			10	13	Chlorinated Sand Fill
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8-21-92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) <u>9-29-92</u> under the business name of <u>Hoppe Construction Co. Inc.</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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					