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|--|--|---|--|-------------------------|----------------------|----|----------------|
| 1 LOCATION OF WATER WELL | | Fraction | Section Number | Township Number | Range Number | | |
| County: <u>SALINE</u> | | <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ | <u>19</u> | T <u>16</u> S | R <u>2</u> <u>SW</u> | | |
| Distance and direction from nearest town or city? <u>2 mi South + 1 mi East of Assaria, KS</u> | | | Street address of well if located within city? | | | | |
| 2 WATER WELL OWNER: <u>FRED COX</u> RR#, St. Address, Box #: <u>RR, 1</u> City, State, ZIP Code: <u>ASSARIA, KS. 67416</u> Board of Agriculture, Division of Water Resources Application Number: | | | | | | | |
| 3 DEPTH OF COMPLETED WELL: <u>78</u> ft. Bore Hole Diameter: <u>30</u> in. to <u>78</u> ft., and . in. to . ft. Well Water to be used as: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 7 Lawn and garden only 10 Observation well Well's static water level: <u>21</u> ft. below land surface measured on <u>6</u> month <u>23</u> day <u>80</u> year Pump Test Data: Well water was <u>40</u> ft. after <u>2</u> hours pumping <u>700</u> gpm Est. Yield <u>1000</u> gpm: Well water was ft. after hours pumping gpm | | | | | | | |
| 4 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued Clamped <input checked="" type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded 7 Fiberglass Threaded Blank casing dia <u>16</u> in. to <u>42</u> ft., Dia in. to . ft., Dia in. to . ft. Casing height above land surface <u>12</u> in., weight <u>32</u> lbs./ft. Wall thickness or gauge No <u>.75 in.</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) 12 None used (open hole) Screen or Perforation Openings Are: 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 7 Torch cut 10 Other (specify) Screen-Perforation Dia <u>16</u> in. to <u>78</u> ft., Dia in. to . ft., Dia in. to . ft. Screen-Perforated Intervals: From <u>42</u> ft. to <u>78</u> ft., From . ft. to . ft. From . ft. to . ft., From . ft. to . ft. Gravel Pack Intervals: From <u>15</u> ft. to <u>78</u> ft., From . ft. to . ft. From . ft. to . ft., From . ft. to . ft. | | | | | | | |
| 5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>PURPLE CLAY</u> Grouted Intervals: From <u>0</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 10 Fuel storage 14 Abandoned water well 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) 13 Watertight sewer lines Direction from well <u>EAST</u> How many feet <u>800</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 <u>40</u> No . month . day . year If Yes: Pump Manufacturer's name <u>WESTERN LAND ROLLER</u> Model No. <u>8M</u> HP <u>40</u> Volts Depth of Pump Intake <u>60</u> ft. Pumps Capacity rated at <u>1000</u> 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 <u>6</u> month <u>23</u> day <u>80</u> 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 <u>7</u> month <u>13</u> day <u>80</u> 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 |
|  | | 0 | 5 | Top Soil | | | |
| | | 5 | 15 | Brown Clay | | | |
| | | 15 | 19 | Brown SANDY Clay | | | |
| | | 19 | 24 | FINE SAND + Clay | | | |
| | | 24 | 42 | MED. COURSE SAND + Clay | | | |
| | | 42 | 56 | MED. COURSE SAND | | | |
| | | 56 | 58 | GRAY Clay | | | |
| | | 58 | 77 | MED. COURSE SAND | | | |
| | | 77 | 78 | GREEN SHALE | | | |
| ELEVATION: | | | | | | | |
| Depth(s) Groundwater Encountered 1. <u>21</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. | | | | | | | |