

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>SALINE</u>		<u>SW 1/4 NE 1/4 SW 1/4</u>	<u>1</u>	<u>T 16 S</u>	<u>R 3 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>You sent wrong form</u> <u>rural</u> <u>See letter to us dated 11-28-88</u>					
2 WATER WELL OWNER: <u>Brad Aaron</u> <u>EARLAND & Gail M. Olson</u>					
RR#, St. Address, Box # <u>Rt 2, Box 156</u> <u>632 N. Main</u>					
City, State, ZIP Code: <u>Belleville, KS 66935</u> <u>Lindsborg, KS 67456</u> Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>40</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered <u>NA</u> <u>Driven well - windmill operated</u> ft.			
		WELL'S STATIC WATER LEVEL <u>NA</u> ft. below land surface measured on mo/day/yr			
		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 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 Monitoring well			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted _____					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				8 Concrete tile	
Casing height above land surface <u>windmill</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____				9 Other (specify below) <u>sandpant</u>	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
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	
				9 Drilled holes	
				11 None (open hole)	
				10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
4 Other _____					
Grout intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination: <u>drain in middle</u>					
1 Septic tank		4 Lateral lines		7 Pit privy <u>drain</u>	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below) <u>Pasture</u>	
Direction from well? <u>All</u> How many feet? <u>5'</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			<u>40</u>	<u>20</u>	<u>Sand</u>
			<u>20</u>	<u>0</u>	<u>Cement</u>
		<u>Pit in clod - sand - and</u>			
		<u>capped with cement</u>			
		<u>It was a very small pipe</u>			
		<u>Pit will be completely filled with dirt</u>			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <u>10-20-89</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>10-21-89</u> under the business name of <u>Earland & Gail M. Olson</u> by (signature) <u>Earland & Gail M. Olson</u>					