

1 LOCATION OF WATER WELL: County: <u>Saline</u>		WATER WELL RECORD		Section Number <u>1</u>		Township Number <u>T 16</u>		Range Number <u>R 3</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>1 mile north of Assaria, KS.</u>									
2 WATER WELL OWNER: <u>Stress Cast Inc.</u> RR#, St. Address, Box #: <u>R. R. 1</u> City, State, ZIP Code: <u>Assaria, KS. 67416</u>					Board of Agriculture, Division of Water Resources Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>			4 DEPTH OF COMPLETED WELL: <u>63</u> ft. ELEVATION: Depth(s) Groundwater Encountered: <u>1. 45</u> ft. 2. <u>11-10-82</u> ft. 3. <u>11-10-82</u> ft. WELL'S STATIC WATER LEVEL: <u>22</u> ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>50-75</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter: <u>8</u> in. to <u>63</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____						
5 TYPE OF BLANK CASING USED: 1 Steel <input checked="" type="checkbox"/> 2 PVC <input checked="" type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 4 ABS <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 9 Other (specify below) _____ Blank casing diameter: <u>4</u> in. to <u>53</u> ft., Dia. <u>63</u> in. to _____ ft., Dia. _____ in. to _____ ft. Casing height above land surface: <u>12</u> in., weight <u>2.16</u> lbs./ft. Wall thickness or gauge No. <u>193</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel <input type="checkbox"/> 2 Brass <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 7 RMP (SR) <input type="checkbox"/> 8 ABS <input type="checkbox"/> 9 Asbestos-cement <input type="checkbox"/> 10 Other (specify) _____ SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input checked="" type="checkbox"/> 2 Mill slot <input type="checkbox"/> 3 Gauzed wrapped <input type="checkbox"/> 4 Wire wrapped <input type="checkbox"/> 5 Saw cut <input type="checkbox"/> 6 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 8 Drilled holes <input type="checkbox"/> 9 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <u>53</u> ft. to <u>63</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>15</u> ft. to <u>63</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____ Grout Intervals: From <u>5</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 <input checked="" type="checkbox"/> 2 Lateral lines <input type="checkbox"/> 3 Pit privy <input type="checkbox"/> 4 Fuel storage <input type="checkbox"/> 5 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) _____ 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Fuel storage <input type="checkbox"/> Direction from well? <u>north</u> How many feet? <u>100</u>									
FROM TO LITHOLOGIC LOG					FROM TO LITHOLOGIC LOG				
0 5 Top soil									
5 18 Brown silty clay									
18 32 Brown clay									
32 45 Gray clay									
45 62 Medium coarse sand									
62 63 Green shale									
7 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 (mo/day/year) <u>11-10-82</u> 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 (mo/day/yr) <u>11-12-82</u> under the business name of <u>Peterson Irrigation, Inc.</u> by (signature) <u>Mike Peterson</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.									