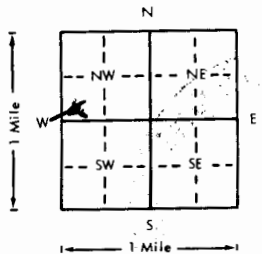


| | | | | | | | |
|---|--|---|--|-----------------|----------------------|----|----------------|
| 1 LOCATION OF WATER WELL | | Fraction | Section Number | Township Number | Range Number | | |
| County: <u>SALINE</u> | | <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ | <u>24</u> | T <u>16</u> S | R <u>3</u> <u>NW</u> | | |
| Distance and direction from nearest town or city? <u>2 mi South of ASSARIA, KS.</u> | | | Street address of well if located within city? | | | | |
| 2 WATER WELL OWNER: <u>Ted Long</u> | | | | | | | |
| RR#, St. Address, Box #: <u>RR</u> | | | | | | | |
| City, State, ZIP Code: <u>Assaria, Ks.</u> | | | | | | | |
| Board of Agriculture, Division of Water Resources Application Number: | | | | | | | |
| 3 DEPTH OF COMPLETED WELL: <u>60</u> ft. Bore Hole Diameter: <u>8</u> in. to <u>60</u> ft., and _____ in. to _____ ft. | | | | | | | |
| Well Water to be used as: 1 Domestic <u>1</u> 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>22</u> ft. below land surface measured on _____ month _____ day _____ year | | | | | | | |
| Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm | | | | | | | |
| Est. Yield: <u>15-20</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 <u>X</u> Clamped 2 PVC <u>2</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded 7 Fiberglass Threaded | | | | | | | |
| Blank casing dia: <u>4</u> in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. | | | | | | | |
| Casing height above land surface: <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>173</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>4</u> in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. | | | | | | | |
| 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. | | | | | | | |
| 5 GROUT MATERIAL: <u>1 Neat cement</u> 2 Cement grout 3 Bentonite 4 Other | | | | | | | |
| Grouted Intervals: From _____ ft. to _____ 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>N.E.</u> How many feet: <u>125</u> ? Water Well Disinfected? Yes <u>X</u> No | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <u>X</u> | | | | | | | |
| 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 <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ 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 _____ month _____ day _____ 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 | 3 | Top soil | | | |
| | | 3 | 6 | Dark clay | | | |
| | | 6 | 9 | Buff clay | | | |
| | | 9 | 14 | Sandy loam | | | |
| | | 14 | 26 | Fine sand | | | |
| | | 26 | 41 | Grey clay | | | |
| | | 41 | 61 | Med. sand | | | |
| | | 61 | 63 | Green shale | | | |
| ELEVATION: | | | | | | | |
| Depth(s) Groundwater Encountered 1. <u>32</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. | | | | | | | |

OFFICE USE ONLY

T

16

R

3

END

SEC

24

SW $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$