

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>SALINE</u>		<u>SE 1/4 NE 1/4 NE 1/4</u>	<u>24</u>	<u>T 16 S</u>	<u>R 3 SW</u>
Distance and direction from nearest town or city? <u>2 mi. South + 1/2 mi. East of ASSARIA, KS</u>			Street address of well if located within city?		

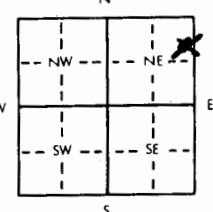
2 WATER WELL OWNER: <u>MARVIN MANN</u>		Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <u>RR. 1</u>		Application Number:
City, State, ZIP Code: <u>Assaria, KS.</u>		

3 DEPTH OF COMPLETED WELL: <u>58</u> ft. Bore Hole Diameter: <u>8</u> in. to <u>58</u> ft., and _____ in. to _____ ft.	
Well Water to be used as:	5 Public water supply 8 Air conditioning 11 Injection well 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 Observation well
Well's static water level: <u>20</u> ft. below land surface measured on _____ month <u>25</u> day <u>80</u> year	
Pump Test Data: _____	Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield: <u>20</u> gpm	Well water was <u>21</u> ft. after <u>2</u> hours pumping <u>12</u> gpm

4 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
2 PVC	4 ABS	7 Fiberglass		Threaded _____
Blank casing dia: <u>4</u> in. to <u>38</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				
Casing height above land surface: <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>215</u>				
TYPE OF SCREEN OR PERFORATION MATERIAL:				
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	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 <u>58</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				
Screen-Perforated Intervals: From <u>38</u> ft. to <u>58</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
Gravel Pack Intervals: From <u>58</u> ft. to <u>18</u> 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 <u>18</u> ft. to <u>5</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>West</u>	How many feet: <u>125</u>	Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____		
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/>		If yes, date sample was submitted _____ month _____ day _____ year		
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 (1) <u>constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month <u>25</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 _____ month <u>18</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	23	Brown clay			
	23	37	Fine sand & grey clay			
	37	45	Med. sand & clay layers			
45	60	Med coarse sand				

ELEVATION:	
Depth(s) Groundwater Encountered 1. <u>23</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

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16

R

3

E

SEC

84

SE 1/4

NE 1/4

NE 1/4

NE 1/4