

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>SALINE</u>		<u>NE 1/4 NE 1/4 NW 1/4</u>	<u>26</u>	<u>T 16 S</u>	<u>R 3</u>
Distance and direction from nearest town or city? <u>1 mi W. of BRIDGE PORT, KS.</u>			Street address of well if located within city?		

2 WATER WELL OWNER: <u>MERIE NELSON</u>		Board of Agriculture, Division of Water Resources Application Number: <u>34585</u>
RR#, St. Address, Box #: <u>RR.</u> City, State, ZIP Code: <u>LINDSBURG, KS. 67460</u>		

3 DEPTH OF COMPLETED WELL: <u>55</u> ft. Bore Hole Diameter: <u>30</u> in. to <u>55</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) <input checked="" type="checkbox"/> Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
Well's static water level: <u>17</u> ft. below land surface measured on _____ month <u>10</u> day <u>80</u> year	
Pump Test Data: Well water was <u>50</u> ft. after <u>4</u> hours pumping. <u>450</u> gpm	
Est. Yield <u>450</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm	

4 TYPE OF BLANK CASING USED:		5 Wrought iron 8 Concrete tile Casing Joints: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped	
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____		2 PVC <input checked="" type="checkbox"/> 4 ABS 7 Fiberglass Threaded _____	
Blank casing dia: <u>16</u> in. to <u>35</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	Casing height above land surface: <u>12</u> in., weight <u>18.40</u> lbs./ft. Wall thickness or gauge No. <u>631</u>		
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement		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 <input checked="" type="checkbox"/> Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)		6 Wire wrapped 9 Drilled holes	
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____			
Screen-Perforation Dia: <u>16</u> in. to <u>55</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	Screen-Perforated Intervals: From <u>35</u> ft. to <u>55</u> 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>Neat cement</u> 2 Cement grout 3 Bentonite 4 Other _____	
Grouted Intervals: From <u>0</u> ft. to <u>10</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>NONE WITHIN 1/4 mile</u> How many feet _____? 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 _____ No <input checked="" type="checkbox"/>	
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>10</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
	<u>0</u>	<u>5</u>	<u>Top Soil</u>			
	<u>5</u>	<u>16</u>	<u>BROWN CLAY</u>			
	<u>16</u>	<u>21</u>	<u>FINE SAND</u>			
	<u>21</u>	<u>30</u>	<u>COARSE SAND & CLAY</u>			
	<u>30</u>	<u>45</u>	<u>MEDIUM COARSE SAND</u>			
	<u>45</u>	<u>47</u>	<u>GRAY CLAY</u>			
	<u>47</u>	<u>54</u>	<u>MEDIUM COARSE SAND</u>			
	<u>54</u>	<u>55</u>	<u>GRAY SHALE</u>			

ELEVATION: _____

Depth(s) Groundwater Encountered: 1. 20 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.