			VELL RECORD					
LOCATION OF W		Fraction			ection Number	Township Num	_ !	Range Number
County: Saline	en from nearest town o	NE 1/4	SE 1/4 S	SW 1/4	27	T 16	<u>s</u> į	R 3 • W
	on from nearest town o				·			
WATER WELL O		en Ostbur						
RR#, St. Address, B	20020			Board of Agriculture, Division of Water Resources				
City, State, ZIP Code		sborg, KS						
B LOCATE WELL'S AN "X" IN SECTION								
Casing height above TYPE OF SCREEN 1 Steel 2 Brass	CASING USED: 3 RMP (SR) 4 ABS er 5 in. land surface 1; OR PERFORATION M 3 Stainless ste 4 Galvanized	Pump te t. Yield . 4 – 8 . re Hole Diameter ELL WATER TO I 1 Domestic 2 Irrigation as a chemical/bac tted 5 6 7 to 26 IATERIAL: eel 5 steel 6	st data: Well water gpm: Well water gpm: Well water general well water general	ater was ater was 5 Public wa 6 Oil field w 7 Lawn and e submitted to 8 Conn t 9 Othe in. 2 . 3 7 7 F 8 F	tt. a tt. a ft. a ft	after	hours pun hours pun 11 li 12 C	X Clamped ded ft ft
SCREEN OR PERFO	DRATION OPENINGS	ARE:	5 Gai	uzed wrapped		8 Saw cut		11 None (open hole)
1 Continuous s				e wrapped		9 Drilled holes		
2 Louvered shu				ch cut		` ' ' '		
SCREEN-PERFORA	TED INTERVALS:							
GRAVEL P	ACK INTERVALS:			36		m	ft. to	
GROUT MATERIA	AL: 1 Neat cem		Cement grout					
_								. ft. to
	source of possible con							andoned water well
1 Septic tank	4 Lateral li	nes	7 Pit privy		11 Fuel	storage	15 Oil	well/Gas well
2 Sewer lines 5 Cess pool		ol	8 Sewage lagoon		12 Fertilizer storage		16 Other (specify below)	
3 Watertight se	wer lines 6 Seepage	pit	9 Feedyard		13 Insec			
Direction from well?	East				How ma	ny feet? 70 f		
FROM TO		LITHOLOGIC LO	3	FROM	то	PLU	GGING IN	TERVALS
0 3								
3 14	1 -							
14 22		ay			-			
22 33	-	reek_Sand		L.				
33 36		le						
36	· -							
	I.JOIL							
CONTRACTOR'S	OR LANDOWNER'S	CERTIFICATION	This water well	was (1) const	ructed, (2) reco	enstructed, or (3) plug	gged unde	er my jurisdiction and was
completed on (mo/da	y/year) 8 - .	1 –.91			and this reco	rd is true to the best	of my know	wjedge and belief. Kansas
Water Well Contracto	or's License No	1.38	This Water	Well Record v	as completed	on (mo/day/yr) /.	8-14	t. ,. Y.1
	ame of Peters				by (signa			there
INSTRUCTIONS: Use	typewriter or ball point pen.	PLEASE PRESS FIRM	LY and PRINT clearly.	Please fill in blank	s, underline or circle	the correct answers. Send	top three co	pies to Kansas Department
of Health and Environ	nment, Bureau of Water, Top	eka, Kansas 66620-732	0. Telephone: 913-296	5-5545. Send one f	WATER WELL O	WNER and retain one for y	our records.	