

LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>DALNE</u>		<u>NE 1/4 SE 1/4 NE 1/4</u>	<u>30</u>	<u>T 16 S</u>	<u>R 3</u>
Distance and direction from nearest town or city street address of well if located within city? <u>4 1/2 m. No. of</u>					
WATER WELL OWNER:					
RR#, St. Address, Box # : _____					
City, State, ZIP Code : _____					
Board of Agriculture, Division of Water Resources					
Application Number: _____					
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>105</u> ft. ELEVATION: _____			
<div style="text-align: center;">N --- NW --- NE --- --- SW --- SE --- S</div>		Depth(s) Groundwater Encountered 1. <u>37</u> ft. 2. <u>9.8</u> ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>3.5</u> ft. below land surface measured on mo/day/yr <u>5-15-82</u>			
		Pump test data: Well water was <u>1.00</u> ft. after <u>8</u> hours pumping <u>1</u> gpm			
		Est. Yield <u>1-1/2</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter: <u>8</u> in. to <u>10.5</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 <u>STOCK</u>			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <u>X</u> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____					
2 <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____					
Blank casing diameter <u>5</u> in. to <u>7.3</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.					
Casing height above land surface <u>24</u> in., weight <u>2.91</u> lbs./ft. Wall thickness or gauge No. <u>265</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					
10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <u>7.3</u> ft. to <u>10.5</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>2.0</u> ft. to <u>10.5</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 <u>Heat cement</u> 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank 4 Lateral lines 7 Pit privy 10 <u>Livestock pens</u> 14 Abandoned water well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____					
13 Insecticide storage					
Direction from well? <u>SOUTH WEST</u> How many feet? <u>75 ft</u>					
FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG			
0 5 Top Soil					
5 12 Brown Clay					
12 20 Red Shale					
20 48 Green Shale					
48 65 FRACTURED BLACK SHALE					
65 67 GRAY SHALE					
67 105					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (4) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-15-82</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>6-1-82</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.					

OFFICE USE ONLY

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EW

SEC.

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NE 1/4

SE 1/4

NE 1/4

NE 1/4