

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>SALINE</u>		<u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$	<u>17</u>	T <u>16</u> S	R <u>4</u> <u>W</u>
Distance and direction from nearest town or city: <u>3 mi South & 1 mi WEST OF FALON, KS.</u>			Street address of well if located within city?		
2 WATER WELL OWNER: <u>Charles Kelley</u>			Board of Agriculture, Division of Water Resources		
RR#, St. Address, Box #: <u>RR-1</u>			Application Number:		
City, State, ZIP Code: <u>FALON Kansas</u>					
3 DEPTH OF COMPLETED WELL: <u>48</u> ft. Bore Hole Diameter: <u>8</u> in. to <u>48</u> ft., and _____ in. to _____ ft.					
Well Water to be used as:					
<input checked="" type="checkbox"/> Domestic		3 Feedlot	5 Public water supply	8 Air conditioning	11 Injection well
<input type="checkbox"/> 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>12</u> ft. below land surface measured on <u>JAN</u> month <u>20</u> day <u>1980</u> year					
Pump Test Data: Well water was <u>12</u> ft. after <u>1</u> hours pumping, <u>6-8</u> gpm					
Est. Yield: <u>10</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 <input checked="" type="checkbox"/> Clamped _____
<input checked="" type="checkbox"/> 2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
Blank casing dia <u>4</u> in. to <u>33</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		7 Fiberglass	Threaded _____		
Casing height above land surface: <u>12</u> in., weight <u>2.5</u> lbs./ft. Wall thickness or gauge No. <u>218</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) _____
Screen or Perforation Openings Are:		5 Gauzed wrapped	8 Saw cut	11 None (open hole)	
1 Continuous slot		<input checked="" type="checkbox"/> 3 Mill slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter		4 Key punched	7 Torch cut	10 Other (specify) _____	
Screen-Perforation Dia: <u>4</u> in. to <u>48</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Screen-Perforated Intervals: From <u>20</u> ft. to <u>30</u> ft., From <u>43</u> ft. to <u>48</u> ft.					
Gravel Pack Intervals: From <u>48</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.					
5 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grouted Intervals: From <u>15</u> ft. to <u>4</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input checked="" type="checkbox"/> 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)
Direction from well: <u>West</u>		How many feet: <u>150</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) <input checked="" type="checkbox"/> constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month <u>28</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 _____					
name of <u>PETERSON IRRIGATION INC.</u> by (signature) <u>Mike Peterson</u>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG		LITHOLOGIC LOG	
		FROM	TO		
		0	5	Top soil	
		5	10	Red sandy clay	
		10	20	Hard sand stone	
		20	25	Loose pieces of sand stone	
		25	30	Soft grey clay	
30	40	Light grey shale			
40	50	Hard grey shale			
ELEVATION:					
Depth(s) Groundwater Encountered 1. <u>14</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.