

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Grant</u>		<u>NE 1/4 SE 1/4 SW 1/4</u>	<u>12</u>	T <u>30</u> S	R <u>37</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From Ulysses 9S 12E 200' North</u>					
2 WATER WELL OWNER: <u>George Curtis</u>					
RR#, St. Address, Box # : <u>2143 Melrose Lane</u>					
City, State, ZIP Code : <u>Salina Kansas 67401</u>					
Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>80</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>NONE</u> ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was ft. after hours pumping gpm			
		Est. Yield gpm: Well water was ft. after hours pumping gpm			
		Bore Hole Diameter in. to ft., and in. to ft.			
WELL WATER TO BE USED AS:		5 Public water supply 8 Air conditioning 11 Injection well <input checked="" type="radio"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well			
Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes No					
5 TYPE OF BLANK CASING USED:					
<input checked="" type="radio"/> Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded 7 Fiberglass Threaded					
Blank casing diameter <u>6</u> in. to ft., Dia. in. to ft., Dia. in. to ft.					
Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No.					
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 7 Torch cut 10 Other (specify)					
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.					
6 GROUT MATERIAL: <input checked="" type="radio"/> Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.					
What is the nearest source of possible contamination:					
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 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? How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			0'	3'	To top soil Neat Cement Chlorine & gravel
			3'	30'	
			30'	80'	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or <input checked="" type="radio"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>1-20-97</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u># 208</u> This Water Well Record was completed on (mo/day/yr)					
under the business name of <u>Minter-Wilson Drilling Co.</u> by (signature) <u>Gail Lamberson</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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. 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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