

COPY PS

1 LOCATION OF WATER WELL: County: **Clay** Fraction: **SE 1/4 SW 1/4 SW 1/4** Section Number: **17** Township Number: **T 10 S** Range Number: **R 1 E**

Distance and direction from nearest town or city street address of well if located within city?
1 West of Longford

2 WATER WELL OWNER: **City of Longford**
 RR#, St. Address, Box #: **Longford,** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Kansas 67458** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL: **95** ft. ELEVATION:
 Depth(s) Groundwater Encountered: **66** ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL: **66** ft. below land surface measured on mo/day/yr **10/15/1984**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: **37** gpm Well water was **NA** ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **15** in. to **95** ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 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
 Was a chemical/bacteriological sample submitted to Department? Yes No _____; If yes, mo/day/yr sample was submitted **Upon completion** Water Well Disinfected? Yes No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped _____
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter: **6** in. to **55** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **-36"** in., weight **3.57** lbs./ft. Wall thickness or gauge No. **280**
 TYPE OF SCREEN OR PERFORATION MATERIAL: PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 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 Mill slot 5 Gauzed wrapped 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 **55** ft. to **95** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **24** ft. to **95** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From **4** ft. to **24** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: Livestock pens 14 Abandoned water well
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage
 Direction from well? **East** How many feet? **2000**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	topsoil			
3	9	brown clay			
9	15	sandrock			
15	17	blue clay			
17	43	sandrock w/ blue clay layers			
43	55	sandrock			
55	57	brown clay			
57	90	sandrock			
90	95	blue shale			
95		stop			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **9/21/1984** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **359** This Water Well Record was completed on (mo/day/yr) **10/15/1984** under the business name of **Daryl Cox & Sons Inc.** by (signature) *Daryl Cox*

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

17