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1 LOCATION OF WATER WELL		Fraction <u>center of S side of 1/2 SW 1/4</u>	Section Number <u>13</u>	Township Number <u>T 10 S</u>	Range Number <u>R 12 E</u>
County: <u>SHAWNEE</u>		Distance and direction from nearest town or city? <u>3 1/2 MI. E OF ST. MARYS, KS ON HWY 24 - 1/4 MI. S.</u>		Street address of well if located within city? <u>AUG 29 3 80 29611 *****1.00</u>	
2 WATER WELL OWNER: <u>Delaine Rezac</u>					
RR#, St. Address, Box # : <u>Rt 1</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>St. Marys KS 66536</u>			Application Number: <u>33446</u>		
3 DEPTH OF COMPLETED WELL: <u>38</u> ft. Bore Hole Diameter: <u>32</u> in. to <u>38</u> ft. and _____ in. to _____ ft.					
Well Water to be used as:					
1 Domestic		3 Feedlot		5 Public water supply	
2 Irrigation		4 Industrial		6 Oil field water supply	
		7 Lawn and garden only		9 Dewatering	
		10 Observation well		11 Injection well	
				12 Other (Specify below)	
Well's static water level: <u>13</u> ft. below land surface measured on _____ month _____ day _____ year					
Pump Test Data: Well water was <u>27</u> ft. after _____ hours pumping _____ gpm					
Est. Yield <u>1200</u> gpm: Well water was <u>32</u> ft. after _____ hours pumping <u>900</u> gpm					
4 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
				9 Other (specify below)	
				Casing Joints: Glued _____ Clamped _____	
				Welded _____	
				Threaded _____	
Blank casing dia: <u>16</u> in. to <u>18</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface: <u>12</u> in., weight <u>31.66</u> lbs./ft. Wall thickness or gauge No <u>1</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				8 RMP (SR)	
				9 ABS	
				11 Other (specify)	
				12 None used (open hole)	
Screen or Perforation Openings Are:					
<input checked="" type="checkbox"/> Continuous slot		3 Mill slot		5 Gauzed wrapped	
<input checked="" type="checkbox"/> 2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				11 None (open hole)	
Screen-Perforation Dia: <u>16</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Screen-Perforated Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
Gravel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
5 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other					
Grouted 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 Cess pool		7 Sewage lagoon	
2 Sewer lines		5 Seepage pit		8 Feed yard	
3 Lateral lines		6 Pit privy		9 Livestock pens	
				10 Fuel storage	
				11 Fertilizer storage	
				12 Insecticide storage	
				13 Watertight sewer lines	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
				<u>WATER WAY</u>	
Direction from well: <u>NW</u> How many feet: <u>500</u> Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <input checked="" type="checkbox"/>					
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) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>321</u>					
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Hoobler Drilling Co.</u> by (signature) <u>Nan Hoobler</u>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG			
		FROM	TO	LITHOLOGIC LOG	
		0	17	FINE BROWN SILTY SAND	
		17	20	SM-MD BROWN GRAVEL	
		20	23	SM-MD GRAY GRAVEL	
		23	27	MD-LG GRAY GRAVEL AND GRAY CLAY (30-40%)	
		27	28	MD-LG GRAY GRAVEL AND GRAY CLAY (5-10%)	
		28	32	MD-LG GRAY GRAVEL CLEAR	
		32	33	SM-BROWN GRAVEL	
		33	34	SM-MD GRAY GRAVEL	
		34	37	LG GRAY GRAVEL AND LG ROCKS	
37	38	HARD GRAY SHALE STOP			
ELEVATION: <u>VALLEY</u>					
Depth(s) Groundwater Encountered 1. <u>13</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.