

289

Sil Lake

289-KGS-F

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1. LOCATION OF WATER WELL County: Shawnee	Fraction SE 1/4 SW 1/4 DDD SE 1/4	Section Number 17	Township Number T 11 S	Range Number R 14 E/W
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Distance and direction from nearest town or city? **1/2 mi. S. 1 3/4 mi. W AND 1/2 mi S. of SilverLake**

Street address of well if located within city?

2. WATER WELL OWNER: **Frank ~~DOUGAN~~ Dougan**

RR#, St. Address, Box # : _____

City, State, ZIP Code : **Silver Lake, KS 66549**

Board of Agriculture, Division of Water Resources
Application Number: **34 372**

3. DEPTH OF COMPLETED WELL: **64** ft. Bore Hole Diameter: **32** in. to **64** 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
2 Irrigation	4 Industrial	7 Lawn and garden only
9 Dewatering	10 Observation well	12 Other (Specify below)

Well's static water level **17** ft. below land surface measured on _____ month **2** day **15** year **81**

Pump Test Data : Well water was **28** ft. after **1** hours pumping **1000** gpm

Est. Yield **1200** gpm: Well water was **37** ft. after **2** hours pumping **1000** gpm

4. TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass	

Casing Joints: Glued Clamped Welded Threaded

Blank casing dia **16** in. to **38** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface **12** in., weight **38** lbs./ft. Wall thickness or gauge No **75**

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-Perforation Dia **16** in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From **38** ft. to **64** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From **10** ft. to **64** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5. GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grouted Intervals: From **0** ft. to **10** 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	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)
			13 Watertight sewer lines	River

Direction from well **South** How many feet **1000** ? Water Well Disinfected? Yes No

Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes No

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 **2** day **15** year **81**

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **323**

This Water Well Record was completed on _____ month **2** day **19** year **81** under the business name of **Hoobler Drilling Co.** by (signature) *Alan Hoobler*

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
	0	3	Fine Brown Silt									
	3	10	Fine Brown Sand									
	10	19	Sm-Med Brown Gravel									
	19	23	Med. Brown Gravel									
	23	28	Md-Lg Brown Gravel									
	28	31	Med. Green Gravel									
	31	64	Md-Lg Green Gravel									

ELEVATION: **Valley 900 Rm**

Depth(s) Groundwater Encountered 1: **17** 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.