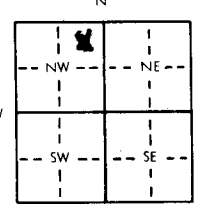


(231) 131

Chap Loc. jd

1 LOCATION OF WATER WELL		Fracture	Section Number		Township Number		Range Number	
County: <u>Wabunsee</u>		<u>NW 1/4 NE 1/4 NW 1/4</u>	<u>3</u>		<u>T 14 S</u>		<u>R 13 E</u>	
Distance and direction from nearest town or city?				Street address of well if located within city?				
<u>4 1/2 mi. N, 1/2 mi. E. of Harveyville</u>								
2 WATER WELL OWNER: <u>Kimberly B. Dagg</u>				Board of Agriculture, Division of Water Resources				
RR#, St. Address, Box #: <u>R.R. 1</u>				Application Number:				
City, State, ZIP Code: <u>Harveyville, KS 66431</u>								
3 DEPTH OF COMPLETED WELL: <u>34</u> ft. Bore Hole Diameter: <u>8 1/2</u> in. to <u>34</u> ft., and _____ in. to _____ ft.								
Well Water to be used as:								
<input checked="" type="radio"/> Domestic		3 Feedlot		5 Public water supply		8 Air conditioning		
2 Irrigation		4 Industrial		6 Oil field water supply		9 Dewatering		
		7 Lawn and garden only		10 Observation well		11 Injection well		
						12 Other (Specify below)		
Well's static water level: <u>19</u> ft. below land surface measured on <u>April</u> month <u>25</u> day <u>1981</u> year								
Pump Test Data								
Est. Yield <u>5</u> gpm:		Well water was _____ ft. after _____ hours pumping.		Well water was _____ ft. after _____ hours pumping.		gpm		
4 TYPE OF BLANK CASING USED:								
1 Steel		<input checked="" type="radio"/> 3 RMP (SR)		5 Wrought iron		8 Concrete tile		
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		
				7 Fiberglass		Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____		
						Welded _____		
						Threaded _____		
Blank casing dia: <u>5</u> in. to <u>20</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.								
Casing height above land surface: <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>214</u>								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
1 Steel		3 Stainless steel		5 Fiberglass		<input checked="" type="radio"/> 8 RMP (SR)		
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS		
						10 Asbestos-cement		
						11 Other (specify)		
						12 None used (open hole)		
Screen or Perforation Openings Are:								
1 Continuous slot		<input checked="" type="radio"/> 3 Mill slot		5 Gauzed wrapped		8 Saw cut		
2 Louvered shutter		4 Key punched		6 Wire wrapped		9 Drilled holes		
				7 Torch cut		10 Other (specify)		
						11 None (open hole)		
Screen-Perforation Dia: <u>5</u> in. to <u>34</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.								
Screen-Perforated Intervals:								
From: <u>20</u> ft. to <u>34</u> ft.		From: _____ ft. to _____ ft.		From: _____ ft. to _____ ft.		From: _____ ft. to _____ ft.		
From: _____ ft. to _____ ft.		From: _____ ft. to _____ ft.		From: _____ ft. to _____ ft.		From: _____ ft. to _____ ft.		
Gravel Pack Intervals:								
From: <u>14</u> ft. to <u>34</u> ft.		From: _____ ft. to _____ ft.		From: _____ ft. to _____ ft.		From: _____ ft. to _____ ft.		
From: _____ ft. to _____ ft.		From: _____ ft. to _____ ft.		From: _____ ft. to _____ ft.		From: _____ ft. to _____ ft.		
5 GROUT MATERIAL:								
1 Neat cement		<input checked="" type="radio"/> 2 Cement grout		3 Bentonite		4 Other		
Grouted Intervals: From: <u>4</u> ft. to <u>14</u> 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		
2 Sewer lines		5 Seepage pit		8 Feed yard		11 Fertilizer storage		
3 Lateral lines		6 Pit privy		9 Livestock pens		12 Insecticide storage		
						13 Watertight sewer lines		
						14 Abandoned water well		
						15 Oil well/Gas well		
						<input checked="" type="radio"/> 16 Other (specify below) <u>well located in middle of field</u>		
Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date sample _____								
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 <input checked="" type="radio"/> (1) constructed, <input type="radio"/> (2) reconstructed, or <input type="radio"/> (3) plugged under my jurisdiction and was completed on <u>April</u> month <u>25</u> day <u>1981</u> year								
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>405</u>								
This Water Well Record was completed on <u>May</u> month <u>18</u> day <u>1981</u> year under the business name of <u>Haworth Drilling</u> by (signature) <u>Walter G. Haworth</u>								
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
		<u>0</u>	<u>3</u>	<u>Black Soil</u>				
		<u>3</u>	<u>14</u>	<u>Yellow clay & black soil</u>				
		<u>14</u>	<u>23</u>	<u>Sandstone</u>				
		<u>23</u>	<u>34</u>	<u>Gray clay</u>				
ELEVATION: <u>1289</u> RM								
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.								

OFFICE USE ONLY

14

R

13

EW

SEC

3

NE 1/4

NE 1/4

NE 1/4

NE 1/4