

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Wabawsee</u>		<u>NW</u> 1/4 <u>NW</u> 1/4 <u>NE</u> 1/4	<u>3</u>	T <u>15</u> <u>3</u>	R <u>13</u> <u>W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1/2 E of Harveyville</u>					
2 WATER WELL OWNER: <u>C.T. Kimball</u>					
RR#, St. Address, Box # : <u>Box 148</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Harveyville 66431</u>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>100</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>90</u> ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>35</u> ft. below land surface measured on mo/day/yr <u>3-22-83</u>			
		Pump test data: Well water was ft. after hours pumping gpm			
		Est. Yield <u>8</u> gpm: Well water was ft. after hours pumping gpm			
		Bore Hole Diameter <u>8</u> in. to <u>100</u> ft., and in. to ft.			
WELL WATER TO BE USED AS:					
1 <u>Domestic</u> 3 Feedlot    6 Oil field water supply    9 Dewatering    11 Injection well 2 Irrigation    4 Industrial    7 Lawn and garden only    10 Observation well    12 Other (Specify below)					
Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
5 TYPE OF BLANK CASING USED:					
1 Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped <input type="checkbox"/> 2 <u>PVC</u> 4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded <input type="checkbox"/> 7 Fiberglass    Threaded <input type="checkbox"/>					
Blank casing diameter <u>5</u> in. to <u>0-35</u> ft., Dia <u>5</u> in. to <u>50-100</u> ft., Dia in. to ft.					
Casing height above land surface <u>29</u> in., weight <u>2.82</u> lbs./ft. Wall thickness or gauge No. <u>258</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel    3 Stainless steel    5 Fiberglass    7 <u>PVC</u> 10 Asbestos-cement 2 Brass    4 Galvanized steel    6 Concrete tile    8 RMP (SR)    11 Other (specify) 9 ABS    12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot    3 Mill slot    5 Gauzed wrapped    8 <u>Saw cut</u> 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 <u>35</u> ft. to <u>50</u> ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>100</u> ft., From ft. to ft.					
6 GROUT MATERIAL: 1 Neat cement    2 Cement grout    3 <u>Bentonite</u> 4 Other					
Grout Intervals: From <u>0</u> ft. to <u>10</u> ft., From ft. to ft., From ft. to ft.					
What is the nearest source of possible contamination:					
1 <u>Septic tank</u> 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? <u>SE</u> How many feet? <u>185</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	TOP SOIL			
2	6	CLAY, brown			
6	18	SHALE, yellow			
18	39	SHALE, grey			
39	41	SANDSTONE			
41	62	SHALE grey			
62	65	LS-grey			
65	79	SHALE grey			
79	82	LS grey			
82	100	SHALE grey			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3-22-83</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>182</u> This Water Well Record was completed on (mo/day/yr) <u>3-28-83</u> under the business name of <u>Strader Dalg. Co. Inc.</u> by (signature) <u>Dale Strader</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					