

1 LOCATION OF WATER WELL
 County: Dickenson Fraction: Se 1/4 me 1/4 me 1/4 Section Number: 35- Township Number: T 15-S Range Number: R 3 E/W
 Distance and direction from nearest town or city? 1 E 3/4 N Hope Street address of well if located within city?

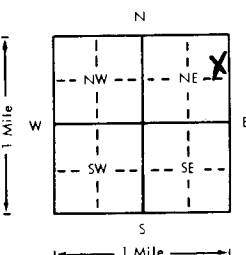
2 WATER WELL OWNER: heroy Gruber
 RR#, St. Address, Box #: BR1 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Hope, Mo 67451 Application Number:

3 DEPTH OF COMPLETED WELL: 52 ft. Bore Hole Diameter: 9 in. to 15 ft., and 7 in. to 52 ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 7 Lawn and garden only 10 Observation well hive stock
 Well's static water level 30 ft. below land surface measured on 3 month 17 day 20 year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing dia 5 in. to 3.2 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 15 in., weight Class 160 lbs./ft. Wall thickness or gauge No 21
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 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 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes 10 Other (specify) _____
 Screen-Perforation Dia 5 in. to 52 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 32 ft. to 52 ft., From _____ ft. to _____ ft. to _____ ft.
 Gravel Pack Intervals: From 15 ft. to 52 ft., From _____ ft. to _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 3 ft. to 15 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 11 Fertilizer storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below) _____
 Direction from well S How many feet 100+? Water Well Disinfected? Yes X No 1
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No X
 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 3 month 17 day 20 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 120
 This Water Well Record was completed on 3 month 24 day 20 year under the business name of Backhus Drilling by (signature) Paul Backhus

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>3</u>	<u>20</u>	<u>Top Soil</u>				
	<u>3</u>	<u>20</u>	<u>20</u>	<u>45</u>	<u>Yellow Clay</u>					
	<u>20</u>	<u>45</u>	<u>45</u>	<u>46</u>	<u>Blue Shale</u>					
	<u>45</u>	<u>46</u>	<u>46</u>	<u>52</u>	<u>Water</u>					
	<u>46</u>	<u>52</u>	<u>52</u>	<u>52</u>	<u>Blue Shale & White Rock</u>					

ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ 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
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15
R
3
DW
SEC.
35
SE 1/4
NE 1/4
NE 1/4