

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Dickenson</u>		<u>Me 1/4 NW 1/4 NE 1/4</u>	<u>1</u>	T <u>16</u> S	R <u>3</u> E
Distance and direction from nearest town or city? <u>1 1/2 E Hope</u>			Street address of well if located within city?		

2 WATER WELL OWNER: <u>Rex McMahon</u>		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box #: <u>RR1</u>		
City, State, ZIP Code: <u>Hope KS</u>		

3 DEPTH OF COMPLETED WELL: <u>93</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>15</u> ft., and <u>7</u> in. to <u>93</u> ft.	
Well Water to be used as:	
1 Domestic <u>3</u> Feedlot 2 Irrigation 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only	8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)
Well's static water level: <u>35</u> ft. below land surface measured on <u>3</u> month <u>12</u> day <u>80</u> year	
Pump Test Data	
Est. Yield <u>8</u> gpm:	Well water was _____ ft. after _____ hours pumping _____ gpm
	Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:		5 Wrought iron		8 Concrete tile		Casing Joints: Glued <u>X</u> Clamped	
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded			
2 <u>PVC</u>	4 ABS	7 Fiberglass		Threaded			
Blank casing dia <u>5</u> in. to <u>48</u> ft., Dia <u>5</u> in. to <u>80</u> ft., Dia _____ in. to _____ ft.		Casing height above land surface: <u>15</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No <u>221</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 <u>PVC</u>		10 Asbestos-cement			
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:		5 Gauzed wrapped		8 <u>Saw cut</u>		11 None (open hole)	
1 Continuous slot	3 Mill slot	6 Wire wrapped		9 Drilled holes			
2 Louvered shutter	4 Key punched	7 Torch cut		10 Other (specify)			
Screen-Perforation Dia: <u>5</u> in. to <u>55</u> ft., Dia <u>5</u> in. to <u>93</u> ft., Dia _____ in. to _____ ft.		Screen-Perforated Intervals:					
From <u>40</u> ft. to <u>55</u> ft., From <u>80</u> ft. to <u>93</u> ft., From _____ ft. to _____ ft.		Gravel Pack Intervals:					
From <u>15</u> ft. to <u>93</u> ft., From _____ ft. to _____ ft.							

5 GROUT MATERIAL:		1 Neat cement		2 Cement grout		3 <u>Bentonite</u>		4 Other	
Grouted Intervals: From <u>0</u> ft. to <u>15</u> ft., From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:		10 Fuel storage		14 Abandoned water well					
1 Septic tank	4 Cess pool	7 Sewage lagoon		11 Fertilizer storage		15 Oil well/Gas well			
2 Sewer lines	5 Seepage pit	8 Feed yard		12 Insecticide storage		16 Other (specify below)			
3 Lateral lines	6 Pit privy	9 <u>Livestock pens</u>		13 Watertight sewer lines					
Direction from well: <u>East</u> How many feet: <u>60</u> ? Water Well Disinfected? Yes <u>X</u> No									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, date sample was submitted _____ month _____ day _____ year									
Pump Installed? Yes _____ No <u>X</u>									
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>100</u>	
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Backhus Drilling</u> by (signature) <u>Paul Backhus</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>Top Soil</u>			
	<u>3</u>	<u>32</u>	<u>Yellow Clay</u>			
	<u>32</u>	<u>45</u>	<u>Blue Shale</u>			
	<u>45</u>	<u>46</u>	<u>Water</u>			
	<u>46</u>	<u>85</u>	<u>Blue Shale</u>			
	<u>85</u>	<u>93</u>	<u>Some Water</u>			
	<u>85</u>	<u>93</u>	<u>White Rock</u>			

1 Mile

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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14

R

3

EW

SEC

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NE 1/4 NW 1/4 NE 1/4