

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Dickinson		1/4 NE 1/4 NE 1/4	11	T 16 S	R 3 E
Distance and direction from nearest town or city street address of well if located within city? 2.5 SE Hope					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #:		Application Number:			
City, State, ZIP Code: Hope, KS 67431					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 61 ft. ELEVATION: 61 ft.			
		Depth(s) Groundwater Encountered: 26 ft. 57 ft. 3 ft.			
		WELL'S STATIC WATER LEVEL: 26 ft. below land surface measured on mo/day/yr 6-13-92			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield: 30 gpm. Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter: 8 1/2 in. to 61 ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)			
		<input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____			
1 Steel		5 Wrought iron			
3 RMP (SR)		8 Concrete tile			
6 Asbestos-Cement		9 Other (specify below)			
2 PVC		Welded _____			
4 ABS		Threaded _____			
7 Fiberglass					
Blank casing diameter: 5 in. to 41 ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft.					
Casing height above land surface: 12 in., weight: CLASS 160 lbs./ft. Wall thickness or gauge No. 219					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC			
1 Steel		10 Asbestos-cement			
3 Stainless steel		8 RMP (SR)			
5 Fiberglass		11 Other (specify) _____			
2 Brass		12 None used (open hole)			
4 Galvanized steel					
6 Concrete tile					
9 ABS					
SCREEN OR PERFORATION OPENINGS ARE:		8 Saw cut			
5 Gauzed wrapped		11 None (open hole)			
1 Continuous slot		9 Drilled holes			
3 Mill slot					
2 Louvered shutter		10 Other (specify) _____			
4 Key punched					
7 Torch cut					
SCREEN-PERFORATED INTERVALS:		From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
		From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
		From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
6 GROUT MATERIAL:		3 Bentonite			
1 Neat cement		4 Other _____			
2 Cement grout					
Grout intervals: From 2 ft. to 26 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Livestock pens			
1 Septic tank		14 Abandoned water well			
4 Lateral lines		11 Fuel storage			
7 Pit privy		15 Oil well/Gas well			
2 Sewer lines		12 Fertilizer storage			
5 Cess pool		16 Other (specify below)			
3 Watertight sewer lines		13 Insecticide storage			
6 Seepage pit					
9 Feedyard					
Direction from well? S		How many feet? 70			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	39	Yellow Clay + mixed Shale			
39	57	Blue Gray Shale			
57	58	Water			
58	61	Gray Rock			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 6-13-92 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 1800 This Water Well Record was completed on (mo/day/yr) 6-13-92 under the business name of Backhus Drilling by (signature) Paul Backhus					
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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					