

1173
wub99

1 LOCATION OF WATER WELL: County: MORRIS	Fraction NW 1/4 NE 1/4 NW 1/4	Section Number 20	Township Number T 16 S	Range Number R 5 EW
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Distance and direction from nearest town or city street address of well if located within city?

From Hwy 77/56 Entrance Section: 1 mile N East, 1 mile S South, 1/4 East

2 WATER WELL OWNER: **LEON WELLS**

RR#, St. Address, Box #: **803 NORTH C STR**
City, State, ZIP Code: **HERRINGTON, KS 67449**

Board of Agriculture, Division of Water Resources
Application Number: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N			
-NW-	X	-NE-	
-W-			E
-SW-		-SE-	
S			

4 DEPTH OF COMPLETED WELL **155** ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1 **107** ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **104** ft. below land surface measured on **7/14/04**

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield **12** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> 1 Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 5 Public water supply	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 11 Injection well
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)
		<input type="checkbox"/> 7 Domestic (lawn & garden)	<input type="checkbox"/> 10 Monitoring well	

Was a chemical/bacteriological sample submitted to Department? Yes _____ No ; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes No _____

5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	Welded _____
		<input type="checkbox"/> 7 Fiberglass		Threaded _____

Blank casing diameter **5** in. to **135** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **24** in., weight _____ lbs./ft. Wall thickness or guage No. **SAR 21**

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless Steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> 7 PVC	<input type="checkbox"/> 10 Asbestos-Cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized Steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (Specify) _____
			<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input checked="" type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
		<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From **135** ft. to **155** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **25** ft. to **155** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From **3** ft. to **25** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input checked="" type="checkbox"/> 16 Other (specify below)
			<input type="checkbox"/> 13 Insecticide storage	OPEN AIR STURK

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	CLAY			
3	5	LIMESTONE, TAN, H2O			
5	37	SHALE, GRAY TO RED TO TAN			
37	46	LEASTONE, TAN			
46	75	SHALE, GRAY TO RED			
75	77	LIMESTONE, GRAY			
77	80	SHALE, GRAY			
80	87	LEASTONE, GRAY			
87	89	SHALE, LIGHT GRAY			
89	107	LEASTONE, TAN			
107	148	SHALE, GRAY TO RED			
148	153	LEASTONE, TAN			
153	155	GYPSUM			

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BUREAU OF WATER

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) **7/14/04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No **585** This Water Well Record was completed on (mo/day/yr) **8/24/04** under the business name of **ASSOCIATED ENVIRONMENTAL PVC** by (signature) *[Signature]*

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.