

1 LOCATION OF WATER WELL: County: <u>MORRIS</u>		Fraction: <u>NE 1/4 SE 1/4 NE 1/4</u>	Section Number: <u>29</u>	Township Number: <u>16 S</u>	Range Number: <u>R 7 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>LOT 1 & 2 BLOCK 12 in Wiley Ks</u>					
2 WATER WELL OWNER: <u>ART PARKS</u> RR#, St. Address, Box # : City, State, ZIP Code: <u>WILSEY KANSAS 66873</u>					
Board of Agriculture, Division of Water Resources <u>0349A0000 AR/28/82KY03</u> 1.00					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>70</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>33</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>15</u> ft. below land surface measured on mo/day/yr <u>8-25-1982</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>1</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8</u> in. to _____ ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation 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:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<input checked="" type="radio"/> 2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <u>5</u> in. to <u>30</u> ft., Dia. <u>50</u> in. to <u>70</u> ft., Dia. _____ in. to _____ ft.		Casing height above land surface <u>14</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:		1 Steel		3 Stainless steel	
2 Brass		4 Galvanized steel		5 Fiberglass	
				6 Concrete tile	
SCREEN OR PERFORATION OPENINGS ARE:		1 Continuous slot		3 Mill slot	
2 Louvered shutter		4 Key punched		5 Gauzed wrapped	
				6 Wire wrapped	
				7 Torch cut	
SCREEN-PERFORATED INTERVALS:		From <u>30</u> ft. to <u>50</u> ft., From _____ ft. to _____ ft.		8 RMP (SR)	
				9 ABS	
GRAVEL PACK INTERVALS:		From _____ ft. to _____ ft., From _____ ft. to _____ ft.		10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
				13 Saw cut	
				14 Drilled holes	
				15 Other (specify) _____	
				16 None (open hole)	
6 GROUT MATERIAL: <input checked="" type="radio"/> Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>15</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
<input checked="" type="radio"/> Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below) _____	
Direction from well? <u>SOUTH</u> How many feet? <u>7.5</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	BLACK DIRT			
5	10	SHALE YELLOW			
10	15	SHALE BLUE			
15	23	LIME ROCK			
23	35	SHALE BLUE			
35	40	LIME GRAY			
40	55	SHALE BLUE			
55	70	LIME GRAY			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, <input type="radio"/> reconstructed, or <input type="radio"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>8-23-1982</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>156</u> . This Water Well Record was completed on (mo/day/yr) <u>9-23-1982</u> under the business name of <u>L.H. RAUSELUP</u> by (signature) <u>[Signature]</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.					