

1 LOCATION OF WATER WELL: County: MOFFAT	Fraction 42B NW 1/4 NE 1/4	Section Number 7	Township Number T 16 S	Range Number R 8 E
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code	FLOYD FINCH CITY LAKE COUNCIL GROVE KS 66846	42B	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 144 ft. ELEVATION: 144 ft.
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Depth(s) Groundwater Encountered 1. **130.35** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **60** ft. below land surface measured on mo/day/yr _____

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

Est. Yield **25** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter **8** in. to _____ ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

<input checked="" type="radio"/> Domestic	<input type="radio"/> 3 Feedlot	<input type="radio"/> 6 Oil field water supply	<input type="radio"/> 9 Dewatering	<input type="radio"/> 11 Injection well
<input type="radio"/> 2 Irrigation	<input type="radio"/> 4 Industrial	<input type="radio"/> 7 Lawn and garden only	<input type="radio"/> 10 Observation well	<input type="radio"/> 12 Other (Specify below)

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

Water Well Disinfected? Yes **X** No _____

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

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

Casing height above land surface **12** in., weight **160** lbs./ft. Wall thickness or gauge No. **160**

TYPE OF SCREEN OR PERFORATION MATERIAL:

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

SCREEN OR PERFORATION OPENINGS ARE:

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

SCREEN-PERFORATED INTERVALS: From **80** ft. to **144** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL:	<input checked="" type="radio"/> 1 Neat cement	<input checked="" type="radio"/> 2 Cement grout	<input type="radio"/> 3 Bentonite	<input type="radio"/> 4 Other _____
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Grout Intervals: From **3** ft. to **20** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

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

Direction from well? **WEST**

How many feet? **65'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	GRAVE & DIRT			
3	5	SHALE RED			
5	30	ROCK YELLOW			
30	39	SHALE BLUE			
39	49	SHALE RED			
49	65	SHALE GRAY			
65	70	LIME GRAY			
70	84	SHALE BLUE			
84	90	SHALE RED			
90	110	LIME GRAY			
110	135	SHALE BLUE			
135	144	LIME WHITE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed, <input type="radio"/> (2) reconstructed, or <input type="radio"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) 04 20 1988 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 156 This Water Well Record was completed on (mo/day/yr) Mar 9-1988 under the business name of L H KRAVTS & SON by (signature) L H Krause

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.