

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number			
County: <u>Marion</u>		<u>NW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	<u>17</u>	T <u>17</u> S	R <u>4</u> <u>EW</u>			
Distance and direction from nearest town or city? <u>1 mi S. 2.5 mi E.</u> Street address of well if located within city?								
2 WATER WELL OWNER: <u>Mervin Deines</u> 00929000 04/01/82 KY03 1.00								
RR#, St. Address, Box #: <u>R.R. 1</u> Board of Agriculture, Division of Water Resources								
City, State, ZIP Code: <u>Ramona Kansas 67475</u> Application Number:								
3 DEPTH OF COMPLETED WELL: <u>35</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>12</u> ft., and <u>8</u> in. to <u>35</u> ft.								
Well Water to be used as:								
<input checked="" type="checkbox"/> Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well <input type="checkbox"/> Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <input type="checkbox"/> Lawn and garden only 10 Observation well								
Well's static water level: <u>15</u> ft. below land surface measured on <u>3</u> month <u>13</u> day <u>82</u> year								
Pump Test Data: Well water was <u>17</u> ft. after <u>1/2</u> hours pumping <u>30</u> gpm								
Est. Yield <u>50 to 70</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm								
4 TYPE OF BLANK CASING USED:								
<input type="checkbox"/> Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____ <input checked="" type="checkbox"/> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ <input type="checkbox"/> Fiberglass Threaded _____								
Blank casing dia: <u>5</u> in. to <u>15</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to <u>15</u> ft.								
Casing height above land surface: <u>16</u> in., weight <u>216.60</u> lbs./ft. Wall thickness or gauge No: <u>64</u> in.								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
<input type="checkbox"/> Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement <input type="checkbox"/> Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ <input type="checkbox"/> None used (open hole)								
Screen or Perforation Openings Are:								
<input type="checkbox"/> Continuous slot 3 Mill slot 5 Gauzed wrapped <input checked="" type="checkbox"/> Saw cut 11 None (open hole) <input type="checkbox"/> Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes <input type="checkbox"/> Torch cut 10 Other (specify) _____								
Screen-Perforation Dia: <u>5</u> in. to <u>35</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.								
Screen-Perforated Intervals: From <u>15</u> ft. to <u>35</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.								
Gravel Pack Intervals: From <u>12</u> ft. to <u>35</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.								
5 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement 2 Cement grout 3 Bentonite <input checked="" type="checkbox"/> Other <u>Sandstones Gravel</u>								
Grouted Intervals: From <u>0</u> ft. to <u>12</u> ft., From <u>(4)</u> <u>12</u> ft. to <u>35</u> ft., From _____ ft. to _____ ft.								
What is the nearest source of possible contamination:								
<input type="checkbox"/> Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well <input type="checkbox"/> Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well <input type="checkbox"/> Lateral lines 6 Pit privy <input checked="" type="checkbox"/> Livestock pens <u>Down Hill</u> 12 Insecticide storage 16 Other (specify below) _____ <input type="checkbox"/> Watertight sewer lines								
Direction from well: <u>E</u> How many feet: <u>144</u> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____								
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year								
Pump Installed? Yes _____ No <input checked="" type="checkbox"/> If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____								
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.								
Type of pump: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Centrifugal <input type="checkbox"/> Reciprocating <input type="checkbox"/> Other								
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed <input type="checkbox"/> reconstructed, or <input type="checkbox"/> 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>161</u>								
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Benda Drilling</u> by (signature) <u>Paul W. Benda</u>								
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:								
		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
		0	2	Top Soil Black				
		2	7	Clay Bumbo Brown				
		7	19	Clay yellow				
		19	21	Lime Stone				
		21	25	Water Bearing Sand				
		25	33	Shale Blue				
33	35	Lime						
ELEVATION:								
Depth(s) Groundwater Encountered 1. <u>21</u> 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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BW

SEC.

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