

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>Morris</u>		<u>11 1/4</u> <u>11 1/2</u> <u>12</u> <u>12 1/4</u>	<u>12</u>	T <u>17</u> S	R <u>5</u> <u>EW</u>		
Distance and direction from nearest town or city? <u>1 1/2 E 1 1/2 N Lost Springs</u>			Street address of well if located within city?				
2 WATER WELL OWNER: <u>Clint Jost</u> RR#, St. Address, Box #: <u>BR</u> City, State, ZIP Code: <u>Burdick KS. 66838</u>							
Board of Agriculture, Division of Water Resources Application Number:							
3 DEPTH OF COMPLETED WELL: <u>40</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>10</u> ft., and <u>7</u> in. to <u>40</u> ft.							
Well Water to be used as: 1 Domestic 3 <u>Feedlot</u> 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 7 Lawn and garden only 10 Observation well							
Well's static water level: <u>12</u> ft. below land surface measured on <u>7</u> month <u>11</u> day <u>20</u> year							
Pump Test Data: Est. Yield <u>20</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
4 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued ☒ Clamped 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded 7 Fiberglass Threaded							
Blank casing dia: <u>5</u> in. to <u>2.5</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Casing height above land surface: <u>12</u> in., weight <u>120</u> lbs./ft. Wall thickness or gauge No: <u>160</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) 12 None used (open hole)							
Screen or Perforation Openings Are: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 <u>Saw cut</u> 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify)							
Screen-Perforation Dia: <u>5</u> in. to <u>40</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Screen-Perforated Intervals: From <u>25</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
Gravel Pack Intervals: From <u>10</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grouted Intervals: From <u>0</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
What is the nearest source of possible contamination: 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) 13 Watertight sewer lines							
Direction from well: <u>E</u> How many feet: <u>50</u> Water Well Disinfected? Yes ☒ No ☐							
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample was submitted: _____ month _____ day _____ year: Pump installed? Yes ☒ No ☐							
If Yes: Pump Manufacturer's name: _____ Model No. _____ HP _____ Volts _____							
Depth of Pump Intake: _____ ft. Pumps Capacity rated at: _____ gal./min.							
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other							
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) <u>reconstructed</u> , or (3) <u>plugged</u> under my jurisdiction and was completed on _____ month <u>11</u> day <u>20</u> year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>100</u>							
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Bachhus Drilling</u> by (signature) <u>Paul H. Bachhus</u>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	1	top soil			
		1	22	clay			
		22	32	lime stone			
		32	33	water			
		33	40	shale			
ELEVATION:							
Depth(s) Groundwater Encountered 1. _____ 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 blank, 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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R

5

EW

SEC.

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NE 1/4 NE 1/4 SE 1/4