

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>LYON</b>		<b>SW 1/4 NW 1/4 SW 1/4</b>	<b>9</b>	<b>T 18 S</b>	<b>R 10 E</b>
Distance and direction from nearest town or city street address of well if located within city? <b>FROM INCT OF FAS# 412-AMERICUS AND COR'D FAS# 1902 (BANK BUILDING) AMERICUS - 3 M-W</b>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # :		Application Number:			
City, State, ZIP Code :		<b>AMERICUS KS</b>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>50</b> ft. ELEVATION: .....			
		Depth(s) Groundwater Encountered 1. <b>16</b> ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <b>9</b> ft. below land surface measured on mo/day/yr <b>09-14-87</b>			
		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm			
		Est. Yield <b>776S</b> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm			
		Bore Hole Diameter: ..... in. to ..... ft., and ..... in. to ..... ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="radio"/> Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below) <input type="radio"/> 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:		CASING JOINTS: Glued ..... Clamped .....			
1 Steel    3 RMP (SR)		5 Wrought iron    8 Concrete tile    11 Injection well			
2 PVC    4 ABS		6 Asbestos-Cement    9 Other (specify below)    12 Other (Specify below)			
Blank casing diameter <b>6</b> in. to ..... ft. Dia ..... in. to ..... ft. Dia ..... in. to ..... ft.		7 Fiberglass    10 Asbestos-cement			
Casing height above land surface <b>16</b> in., weight ..... lbs./ft. Wall thickness or gauge No. ....		8 Air conditioning    9 Dewatering    10 Observation well			
TYPE OF SCREEN OR PERFORATION MATERIAL:		11 Other (specify) .....			
1 Steel    3 Stainless steel    5 Fiberglass    8 RMP (SR)		12 None used (open hole)			
2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS					
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped    8 Saw cut    11 None (open hole)			
1 Continuous slot    3 Mill slot    6 Wire wrapped    9 Drilled holes					
2 Louvered shutter    4 Key punched    7 Torch cut    10 Other (specify) .....					
SCREEN-PERFORATED INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL:		4 Other <b>LIME STONE SCR.</b>			
1 Neat cement    2 Cement grout    3 Bentonite					
Grout Intervals: From <b>3</b> ft. to <b>26</b> ft., From <b>26</b> ft. to <b>50</b> ft., From ..... ft. to ..... ft.					
What is the nearest source of possible contamination:		10 Livestock pens    14 Abandoned water well			
1 Septic tank    4 Lateral lines    7 Pit privy    11 Fuel storage    15 Oil well/Gas well					
2 Sewer lines    5 Cess pool    8 Sewage lagoon    12 Fertilizer storage    16 Other (specify below)					
3 Watertight sewer lines    6 Seepage pit    9 Feedyard    13 Insecticide storage <b>pasture</b>					
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<b>0</b>	<b>1</b>	<b>TOP</b>			
<b>1</b>	<b>8</b>	<b>CLAY SILT</b>			
<b>8</b>	<b>18</b>	<b>CLAY SILT - CHERT (WATER - 16')</b>			
<b>18</b>	<b>20</b>	<b>SHALE - GRY</b>			
<b>20</b>	<b>22</b>	<b>LIME</b>			
<b>22</b>	<b>26</b>	<b>SHALE DK GRY</b>			
<b>26</b>	<b>30</b>	<b>SHALE LT GRY</b>			
<b>30</b>	<b>34</b>	<b>CHALKY - SHALE - LIME</b>			
<b>34</b>	<b>39</b>	<b>LIME - SOFT</b>			
<b>39</b>	<b>41</b>	<b>LIME</b>			
<b>44</b>	<b>49</b>	<b>SHALE</b>			
<b>49</b>	<b>50</b>	<b>LIME</b>			
<b>TD</b>	<b>50</b>				
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) <b>09-22-87</b> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <b>479</b> This Water Well Record was completed on (mo/day/yr) <b>09-23-87</b>					
under the business name of <b>DBA ERBERTS DRILLING</b> by (signature) <i>Erberts</i>					
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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					