

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Chase</u>		NW ¼ SE ¼ SE ¼	12	T 18 S	R 6 E/W
Distance and direction from nearest town or city street address of well if located within city? <u>1 mile West & 1 mile North West of Hymer</u>					
2 WATER WELL OWNER: <u>Burton Buchman</u>					
RR#, St. Address, Box # : <u>Rt 1</u>					
City, State, ZIP Code : <u>Burdick, Ks 66830</u>					
<small>Board of Agriculture, Division of Water Resources Application Number:</small>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>64</u> ft. ELEVATION: _____ ft.			
		Depth(s) Groundwater Encountered 1. <u>54</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>45</u> ft. below land surface measured on mo/day/yr <u>Apr. 15 94</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>7</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8</u> in. to <u>33</u> ft., and <u>7</u> in. to <u>64</u> ft.			
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well <input checked="" type="radio"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring 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? <input checked="" type="checkbox"/> Yes No			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____	
<input checked="" type="radio"/> 2 PVC		4 ABS		Welded _____	
Blank casing diameter <u>5</u> in. to <u>45</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.		5 Wrought iron		Threaded _____	
Casing height above land surface <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR-26</u>		6 Asbestos-Cement			
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 Fiberglass			
1 Steel		8 Concrete tile		10 Asbestos-cement	
2 Brass		9 Other (specify below) _____		11 Other (specify) _____	
3 Stainless steel				12 None used (open hole)	
4 Galvanized steel		5 Fiberglass			
SCREEN OR PERFORATION OPENINGS ARE:		8 RMP (SR)			
1 Continuous slot		9 ABS			
2 Louvered shutter		10 Other (specify) _____			
3 Mill slot		11 Saw cut <input checked="" type="checkbox"/>		12 None (open hole)	
4 Key punched		13 Drilled holes			
SCREEN-PERFORATED INTERVALS: From <u>45</u> ft. to <u>64</u> ft., From _____ ft. to _____ ft.		14 Wire wrapped			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.		15 Torch cut			
GRAVEL PACK INTERVALS: From <u>NONE</u> ft. to _____ ft., From _____ ft. to _____ ft.		16 Other (specify) _____			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <input checked="" type="radio"/> 1 Heat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From <u>3</u> ft. to <u>33</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		10 Livestock pens	
2 Sewer lines		5 Cess pool		11 Fuel storage	
3 Watertight sewer lines		6 Seepage pit		12 Fertilizer storage	
		7 Pit privy		13 Insecticide storage	
		8 Sewage lagoon		14 Abandoned water well	
		9 Feedyard		15 Oil well/Gas well	
				16 Other (specify below) <u>Pasture</u>	
Direction from well? <u>within</u>		How many feet? <u>within</u>			
FROM TO		LITHOLOGIC LOG	FROM TO	PLUGGING INTERVALS	
0	3	Top Soil Blk	58	64	Shale DK Gray
3	7	Shale TAN			
7	10	Red Rock			
10	18	LIME Frac Lite			
18	20	Shale Green			
20	25	LIME Soft Lite			
25	29	Shale Lite			
29	33	LIME soft TAN			
33	36	Shale Lite Gray			
36	41	LIME TAN			
41	44	Shale TAN			
44	45	LIME TAN			
45	48	Shale Gray			
48	53	LIME Lite			
53	58	LIME Frac,			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>Apr. 15 94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>218</u> This Water Well Record was completed on (mo/day/yr) <u>Apr. 27 94</u> under the business name of <u>ZINN Water Well Drllg</u> by (signature) <u>Joseph A. Zinn</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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					