

OFFICE USE ONLY
T
18
R
9
SEC.
4
SW 1/4
NE 1/4
NW 1/4

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Chase</u>	<u>SW 1/4 NE 1/4 NW 1/4</u>	<u>4</u>	<u>T 18 S</u>	<u>R 9 E</u>

Distance and direction from nearest town or city? 8 N on 57 GE From Strong City

Street address of well if located within city? _____

2 WATER WELL OWNER: Charles Stuart

RR#, St. Address, Box #: 2360 Eisenhower

City, State, ZIP Code: Clay Center, Kansas 67432

Board of Agriculture, Division of Water Resources
Application Number: _____

3 DEPTH OF COMPLETED WELL: 45 ft. Bore Hole Diameter: 8 in. to 13 ft., and 6 3/4 in. to 4.5 ft.

Well Water to be used as:

<input checked="" type="checkbox"/> 1 Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 11 Injection well
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)
<input type="checkbox"/> 10 Observation well				

Well's static water level: 31 ft. below land surface measured on Jan month 15 day 82 year

Pump Test Data: NONE Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield: 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	Casing Joints: <input checked="" type="checkbox"/> Glued	<input type="checkbox"/> Clamped
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	<input type="checkbox"/> Welded	
			<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> Threaded	

Blank casing dia: 5 in. to 3 1/8 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: 18 in., weight _____ lbs./ft. Wall thickness or gauge No: 214

TYPE OF SCREEN OR PERFORATION MATERIAL:

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

Screen or Perforation Openings Are:

<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
		<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)	

Screen-Perforation Dia: 5 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From 31 ft. to 45 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From NONE ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL:

<input type="checkbox"/> 1 Neat cement	<input checked="" type="checkbox"/> 2 Cement grout	<input type="checkbox"/> 3 Bentonite	<input type="checkbox"/> 4 Other
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Grouted Intervals: From 3 ft. to 13 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

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

Direction from well: EAST How many feet: 70 ? Water Well Disinfected? Yes No

Was a chemical/bacteriological sample submitted to Department? Yes No 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) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on JAN month 15 day 82 year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 218

This Water Well Record was completed on MAR month 25 day 82 year under the business name of Zinn Water Well Drlg by (signature) Joseph G. Zinn by DR

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		LITHOLOGIC LOG	FROM		LITHOLOGIC LOG
	TO	TO		TO	TO	
	0	2	LIME	35	40	Shale Gray
	2	4	Shale - Yel	40	45	LIME (Cottonwood)
	4	8	LIME - Broken - Yel			
	8	10	Shale - Yel			
	10	13	LIME			
	13	17	Shale - lite Gray			
	17	23	LIME Gray			
	23	24	Shale Gray			
	24	28	LIME - hd gray			
	28	30	Shale gray			
ELEVATION:	30	35	LIME - Broken			

Depth(s) Groundwater Encountered 1. 33 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.