

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Brown</u>		<u>NW 1/4 NE 1/4 NE 1/4</u>	<u>25</u>	<u>T 1 S</u>	<u>R 15 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1 mi N of 3 East of Morrill</u>					
2 WATER WELL OWNER: <u>TERRY OR MARSHA Oberding</u>					
RR#, St. Address, Box # : <u>Rt 1</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Morrill, KS. 66515</u>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>88</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>54-56.5</u> ft. 2. <u>70-73.8</u> ft. 3. <u>12-14-85</u> ft.			
		WELL'S STATIC WATER LEVEL <u>42</u> ft. below land surface measured on mo/day/yr <u>12-14-85</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>25</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8</u> in. to <u>8.8</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <u>X</u> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped _____
<input checked="" type="radio"/> PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
			7 Fiberglass		Threaded _____
Blank casing diameter <u>5</u> in. to <u>4.8</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>20</u> in., weight <u>2.873</u> lbs./ft. Wall thickness or gauge No. <u>0.265</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	<input checked="" type="radio"/> Saw cut	11 None (open hole)
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes	
			7 Torch cut	10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From <u>4.8</u> ft. to <u>8.8</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>3.1</u> ft. to <u>8.8</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <input checked="" type="radio"/> Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From <u>7</u> ft. to <u>17</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines	7 Pit privy	10 Livestock pens	<input checked="" type="radio"/> Abandoned water well
2 Sewer lines		5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below) _____
				13 Insecticide storage	
Direction from well?				How many feet? <u>25</u>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4	NS	70	73.8	LS gray
4	17	silty clay br	73.8	77	shale gray
17	19	clay yellow br	77	77.6	LS gray
19	29.5	sand F-coarse red br	77.6	84	shale gray
29.5	36	clay yellow br	84	84.8	LS med gray
36	36.5	sand VF-coarse br	84.8	88	shale med gray some gypsum
36.5	42	clay yellow br			
42	50	shale olive			
50	54	shale Lgray			
54	56.5	LS br			
56.5	57	shale Lgray			
57	63.5	shale dk gray			
63.5	65.5	shale gray			
65.5	68	LS Lgray			
68	70	shale Lgray			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>12-14-85</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>308</u> This Water Well Record was completed on (mo/day/yr) <u>12-16-88</u> under the business name of <u>Buschist Drilling Co</u> by (signature) <u>Ray Buschist</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					