

1 LOCATION OF WATER WELL
 County: **Goffey** Fraction **NW 1/4 NW 1/4 NW 1/4** Section Number **8** Township Number **T 21 S** Range Number **R 17 E**
 Distance and direction from nearest town or city? **9 mi South, 1 mi East - 1 mi South - 1/2 mi East of Waverly** Street address of well if located within city?

2 WATER WELL OWNER: **MR + MRS. WILLIAM ANDRESS**
 RR#, St. Address, Box #: **RR # 1** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **WESTPHIALA KANSAS** Application Number:

3 DEPTH OF COMPLETED WELL: **100** ft. Bore Hole Diameter: **8 1/4** in. to **55** ft., and **6 1/4** in. to **100** ft.
 Well Water to be used as:
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well 8 Air conditioning 11 Injection well
 Well's static water level: **50** ft. below land surface measured on **5** month **30** day **1979** year
 Pump Test Data **DRILL TEST** Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **9** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Casing Joints: Glued Clamped
 PVC 4 ABS 7 Fiberglass Welded _____ Threaded _____
 Blank casing dia **6"** in. to **55'** ft., Dia **85"** in. to **85-100** ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **12** in., weight _____ lbs./ft. Wall thickness or gauge No _____
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 PVC 12 None used (open hole)
 Screen or Perforation Openings Are:
 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 Louvered shutter 4 Key punched 6 Wire wrapped Drilled holes 10 Other (specify) _____
 Torch cut
 Screen-Perforation Dia _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From **85** ft. to **90** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 5 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From **0** ft. to **55** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 13 Watertight sewer lines
 Direction from well **NW** How many feet **100'** ? 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 **RED JACKET** Model No. _____ HP **112** Volts **230**
 Depth of Pump Intake **95 FT.** ft. Pumps Capacity rated at **5** gal./min.
 Type of pump: Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **MAY** month **30** day **1979** year, and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **107**
 This Water Well Record was completed on **MARCH** month **29** day **1981** year under the business name of **SWANK WATER WELL DRILLING** by (signature) *George H Swank*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4	SOIL			
4	8	SHELLY LIME			
8	12	WHITE LIME			
12	40	GRAY SHALE			
40	45	TRACE OF COAL			
45	55	WHITE SAND			
55	90	GRAY SHALE			
90	100	WHITE SAND			
		GRAY SHALE			

 ELEVATION: _____

Depth(s) Groundwater Encountered **1 FROM** ft. **55** to ft. **90** 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.

OFFICE USE ONLY

T

R

EW

SEC

1/4

1/4

1/4