

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Harvey</u>		<u>SW 1/4 SW 1/4 SW 1/4</u>	<u>30</u>	T <u>24</u> S <u>1</u>	R <u>2</u> <u>W</u>
Distance and direction from nearest town or city street, address of well if located within city? <u>4 S of McLean Kansas</u>					
2 WATER WELL OWNER: <u>Robert Kitchen</u>					
RR#, St. Address, Box #: <u>Valley center, KS 67147</u>					
City, State, ZIP Code: <u>Q1</u>					
Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>63</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>25</u> ft. below land surface measured on mo/day/yr <u>May 12 1984</u>			
		Pump test data: Well water was <u>30</u> ft. after <u>1</u> hours pumping <u>15</u> gpm			
		Est. Yield <u>15</u> gpm: Well water was <u>40</u> ft. after hours pumping gpm			
		Bore Hole Diameter: <u>8</u> in. to <u>63</u> ft., and in. to 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"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)			
		<input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input checked="" type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 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 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded 7 Fiberglass <u>SDR 26</u> Threaded					
Blank casing diameter <u>5</u> in. to <u>63</u> ft., Dia. in. to ft., Dia. in. to ft.					
Casing height above land surface <u>18</u> in., weight <u>200</u> lbs./ft. Wall thickness or gauge No. <u>3/16</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) <u>SPA 26</u> 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 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>30</u> ft. to <u>40</u> ft., From ft. to ft.					
From <u>30</u> ft. to <u>60</u> ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.					
From ft. to ft., From ft. to ft.					
6 GROUT MATERIAL: 1 <input checked="" type="radio"/> Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Intervals: From <u>3</u> ft. to <u>13</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 14 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) <u>Creek</u> 13 Insecticide storage					
Direction from well? <u>200</u> S How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Loil soil			
3	18	Brown clay			
18	30	fine brown sand			
30	30	Blue shale			
30	60	Rocky Blue Shale			
60	63	Blue shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>May 15 1984</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>221</u> This Water Well Record was completed on (mo/day/yr) <u>May 19 1984</u> under the business name of <u>Frank Buckle</u> by (signature) <u>Frank Buckle</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.					

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