

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>SW Greenwood</b>		<b>NE 1/4 NW 1/4 NW 1/4</b>	<b>27</b>	<b>T 27 S</b>	<b>R 12 E/W</b>
Distance and direction from nearest town or city street address of well if located within city? <b>6 MILES NW OF FALL RIVER KAN.</b>					
2 WATER WELL OWNER: <b>LEONARD GARDNER</b>					
RR#, St. Address, Box #: <b>601 N. STANISLAUS</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: <b>FURREA KAN</b>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>250</b> ft. ELEVATION <b>2174.00</b> 00/15/82/003			
		Depth(s) Groundwater Encountered 1. <b>203</b> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <b>150</b> ft. below land surface measured on mo/day/yr <b>4/13/82</b>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <b>50</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter: <b>9</b> in. to <b>10</b> ft., and <b>7</b> in. to <b>250</b> ft.			
		WELL WATER TO BE USED AS:			
		1 Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below) 2 Irrigation    4 Industrial    7 <u>Lawn and garden only</u> 10 Observation 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? Yes <input checked="" type="checkbox"/> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
2 PVC <input checked="" type="checkbox"/>		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
			7 Fiberglass		Threaded _____
Blank casing diameter <b>6</b> in. to <b>200</b> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.					
Casing height above land surface <b>12</b> in., weight <b>2</b> lbs./ft. Wall thickness or gauge No. <b>20</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) _____
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot <input checked="" type="checkbox"/>	5 Gauzed wrapped	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 <b>200</b> ft. to <b>250</b> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout <input checked="" type="checkbox"/>	3 Bentonite	4 Other _____	
Grout Intervals: From <b>0</b> ft. to <b>10</b> 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 <input checked="" type="checkbox"/>	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?		<b>SOUTH</b>		How many feet? <b>90</b>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	6	TOP SOIL	192	195	GRAY SHALE
6	8	BW SAND ROCK	195	196	BW LIME
8	13	RED BED	196	208	RED BED
13	15	SOAP STONE	208	209	GM SAND
15	17	BW SAND ROCK	211	218	GRAY SHALE
17	21	RED BED	218	250	WHITE SAND
21	24	SAND ROCK			
24	29	GRAY SHALE			
29	41	HARD BLUE SANDY LIME			
41	97	GRAY SHALE			
97	113	BROWN LIME			
113	128	GRAY SHALE			
128	148	RED BED			
148	180	LITE SHALE			
180	192	BROWN LIME			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>4/13/82</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>217</b> This Water Well Record was completed on (mo/day/yr) <b>4/13/82</b> under the business name of <b>EDMUNDS WELL SERV</b> by (signature) <i>Steve Edmunds</i>					
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.					