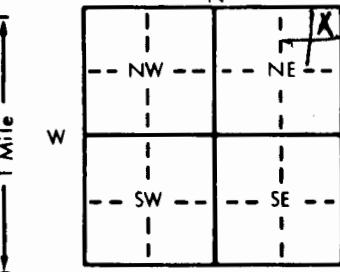


| | | | | | | | |
|--|-----------------------------|---|---|--|--|---|--|
| 1 LOCATION OF WATER WELL: | | Fraction <i>NE 1/4 NE 1/4 NE 1/4</i> | Section Number <i>28</i> | Township Number <i>T 27 S</i> | Range Number <i>R 3 EW</i> | | |
| County: <i>Bufler</i> Distance and direction from nearest town or city street address of well if located within city? <i>150 Two E of Andover</i> | | | | | | | |
| 2 WATER WELL OWNER: | | Rex HOSKINS RR#, St. Address, Box # : <i>4560 So. Hydraulic 4715</i> | | | | 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. <i>37</i> ft. ELEVATION: <i>30</i> | | | | ft. Elevation: <i>30</i> | |
|  | | Depth(s) Groundwater Encountered <i>1. 15</i> ft. 2. <i>30</i> ft. 3. <i>6-8-84</i> ft. WELL'S STATIC WATER LEVEL <i>12</i> ft. below land surface measured on mo/day/yr Pump test data: Well water was ft. after hours pumping gpm Est. Yield gpm: Well water was ft. after hours pumping gpm Bore Hole Diameter in. to ft., and in. to ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 5 Public water supply <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Observation well <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 12 Other (Specify below) Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | |
| 5 TYPE OF BLANK CASING USED: | | 5 Wrought iron <input type="checkbox"/> 1 Steel <input checked="" type="checkbox"/> PVC | 8 Concrete tile <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 4 ABS | CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped Welded Threaded | | | |
| Blank casing diameter in. to ft., Dia in. to ft., Dia in. to ft. | | | | | | | |
| Casing height above land surface in., weight | | | | | | lbs./ft. Wall thickness or gauge No. <i>160/16</i> | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | <input checked="" type="checkbox"/> PVC <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 6 Fiberglass <input type="checkbox"/> 12 None used (open hole) | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <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-PERFORATED INTERVALS: From ft. to ft., From ft. to ft. | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. | | | | | | | |
| 6 GROUT MATERIAL: | | 1 Neat cement Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. | 2 Cement grout What is the nearest source of possible contamination: <i>open field</i> | 3 Bentonite 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage | 4 Other 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) | | |
| Direction from well? | | | | | | | |
| FROM | TO | LITHOLOGIC LOG | | FROM | TO | LITHOLOGIC LOG | |
| <i>0 - 4</i> | <i>Clay brown</i> | | | | | | |
| <i>0 - 1</i> | <i>Top Soil</i> | | | | | | |
| <i>1 - 6</i> | <i>Clay brown</i> | | | | | | |
| <i>6 - 14</i> | <i>Clay yellow</i> | | | | | | |
| <i>14 - 30</i> | <i>Shale yellow gray</i> | | | | | | |
| <i>30 - 37</i> | <i>limestone light gray</i> | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <i>6-8-84</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>363</i> This Water Well Record was completed on (mo/day/yr) <i>6-8-84</i> under the business name of <i>Braddy Water Wells</i> by (signature) <i>Richard Braddy</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. | | | | | | | |