

1 LOCATION OF WATER WELL:	Fraction <u>N 1/4 NE 1/4 NW 1/4</u>	Section Number <u>22</u>	Township Number <u>T 29 S</u>	Range Number <u>R 4 E</u>
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County: Butler Distance and direction from nearest town or city street address of well if located within city? 1 1/2 M. E OF DOUGLASS

2 WATER WELL OWNER: <u>James K Polk</u>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <u>629 E 7th</u>	Application Number:
City, State, ZIP Code: <u>DOUGLASS KS 67039</u>	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>110</u> ft. ELEVATION: <u>H:11</u>
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Depth(s) Groundwater Encountered 1. 85 ft. 2. 80 ft. 3. 11-10-80 ft.

WELL'S STATIC WATER LEVEL 80 ft. below land surface measured on mo/day/yr 11-10-80

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:

☒ 1 Domestic	☐ 3 Feedlot	☐ 6 Oil field water supply	☐ 9 Dewatering	☐ 12 Other (Specify below)
☐ 2 Irrigation	☐ 4 Industrial	☐ 7 Lawn and garden only	☐ 10 Observation well	

Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes ☒ No _____

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued ☒ Clamped _____
☐ 1 Steel	☐ 3 RMP (SR)	☐ 6 Asbestos-Cement	☐ 9 Other (specify below)
☒ 2 PVC	☐ 4 ABS	☐ 7 Fiberglass	☐ Welded _____
Blank casing diameter <u>5</u> in. to <u>90</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			
Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>16016</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:	☒ 6 PVC	☐ 10 Asbestos-cement	
☐ 1 Steel	☐ 3 Stainless steel	☐ 5 Fiberglass	☐ 8 RMP (SR)
☐ 2 Brass	☐ 4 Galvanized steel	☐ 6 Concrete tile	☐ 9 ABS
SCREEN OR PERFORATION OPENINGS ARE:	☐ 5 Gauzed wrapped	☒ 8 Saw cut	☐ 11 None (open hole)
☐ 1 Continuous slot	☐ 3 Mill slot	☐ 6 Wire wrapped	☐ 9 Drilled holes
☐ 2 Louvered shutter	☐ 4 Key punched	☐ 7 Torch cut	☐ 10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From <u>90</u> ft. to <u>110</u> ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>110</u> ft. to <u>14</u> ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	☐ 1 Neat cement	☒ 2 Cement grout	☐ 3 Bentonite	☐ 4 Other _____
Grout Intervals: From <u>14</u> ft. to <u>3</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
☐ 2 Sewer lines	☐ 5 Cess pool	☐ 8 Sewage lagoon	☐ 11 Fuel storage	☐ 14 Abandoned water well
☐ 3 Watertight sewer lines	☐ 6 Seepage pit	☐ 9 Feedyard	☐ 12 Fertilizer storage	☐ 15 Oil well/Gas well
			☐ 13 Insecticide storage	☐ 16 Other (specify below)
Direction from well? <u>S0</u>			How many feet? <u>80</u>	

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	Top Soil			
1	4	Clay brown			
4	9	Clay Red			
9	35	Limestone yellow			
35	58	Shale yellow gray			
58	88	Shale Rusty Red			
88	95	Shale yellow gray			
95	98	Limestone yellow			
98	110	Shale gray			

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) <u>11-10-80</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>363</u> This Water Well Record was completed on (mo/day/yr) <u>10-17-80</u> under the business name of <u>Braddy Water Wells</u> by (signature) <u>Richard Braddy</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.