

1 LOCATION OF WATER WELL: County: <u>Marshall</u>		Fraction: <u>NE 1/4 SW 1/4 SW 1/4</u>	Section Number: <u>21</u>	Township Number: <u>T 2 S</u>	Range Number: <u>R 8 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From Home KS 60 miles North on 16th Rd + E West on Jayhawk Rd.</u>					
2 WATER WELL OWNER: <u>Tim Hill</u> RR#, St. Address, Box #: <u>1520 Jayhawk Rd.</u> City, State, ZIP Code: <u>Home Kansas 66438</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>82</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered: <u>1</u> ft. 2: _____ ft. 3: _____ ft. WELL'S STATIC WATER LEVEL: <u>40</u> ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield: <u>6.5</u> gpm Well water was _____ ft. after _____ hours pumping _____ gpm 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 type="checkbox"/> 7 Domestic (lawn & garden) <input type="checkbox"/> 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted Water Well Disinfected? <input checked="" type="checkbox"/> Yes _____ No			
5 TYPE OF BLANK CASING USED:					
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS		<input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below)		CASING JOINTS: <input checked="" type="checkbox"/> Glued _____ Clamped _____ <input type="checkbox"/> Welded _____ <input type="checkbox"/> Threaded _____	
Blank casing diameter: <u>5"</u> in. to <u>6.2</u> ft. Dia		Blank casing height above land surface: <u>2'</u> in., weight <u>50 lb/ft</u> lbs./ft. Wall thickness or gauge No. _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless Steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized Steel <input type="checkbox"/> 6 Concrete tile		<input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 9 ABS		<input type="checkbox"/> 10 Asbestos-Cement <input type="checkbox"/> 11 Other (Specify) _____ <input type="checkbox"/> 12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
<input type="checkbox"/> 1 Continuous slot <input checked="" type="checkbox"/> 3 Mill slot <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 7 Torch cut		<input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify) _____ ft.	
SCREEN-PERFORATED INTERVALS: From <u>6.2</u> ft. to <u>82</u> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>82</u> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
<input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____		Grout Intervals: From <u>0</u> ft. to <u>5</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:					
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input checked="" type="checkbox"/> 7 Pit privy <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input checked="" type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard		<input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) _____ <input type="checkbox"/> 13 Insecticide storage			
Direction from well? <u>EAST</u>		How many feet? <u>200'</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil			
1	19	Brown Clay			
19	36	Yellow Shale			
36	38	Gravel			
38	44	Limestone			
44	51	Brown Shale			
51	55	Limestone 1			
55	70	Brown Shale			
70	76	Limestone 1			
76	83	Grey Shale			
83	90	Limestone 1			
90	94	Grey Shale			
94	95	Gravel			
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>10/22/2004</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <u>451</u> This Water Well Record was completed on (mo/day/yr) <u>11/17/2004</u> under the business name of <u>Waldman Well Drilling</u> by (signature) <u>Craig H. Cuppett</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, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					

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BUREAU OF WATER