

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Montgomery</u>		<u>SE 1/4 SE 1/4 SE 1/4</u>	<u>9</u>	T <u>31</u> S	R <u>150</u> E/W
Distance and direction from nearest town or city street address of well if located within city? <u>7 mi North of Indep. &amp; 3 mi West</u>					
2 WATER WELL OWNER:					
RR#, St. Address, Box # : <u>Joe Scott</u>					
City, State, ZIP Code : <u>Rt 1 Noidesha Kan.</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>75</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered <u>1 very little water</u> ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>9.83</u> ft. below land surface measured on mo/day/yr <u>1982</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>?</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>10</u> in. to <u>15</u> ft., and <u>8</u> in. to <u>75</u> ft.			
		WELL WATER TO BE USED AS:			
		5 Public water supply    8 Air conditioning    11 Injection well <u>1 Domestic</u> 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 <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <u>8</u> in. to <u>13</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				8 Concrete tile	
Casing height above land surface <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR 26</u>				9 Other (specify below) _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:				CASING JOINTS: Glued _____ Clamped _____	
1 Steel		3 Stainless steel		7 PVC	
2 Brass		4 Galvanized steel		8 RMP (SR)	
				9 ABS	
SCREEN OR PERFORATION OPENINGS ARE:				10 Asbestos-cement	
1 Continuous slot		3 Mill slot		11 Other (specify) _____	
2 Louvered shutter		4 Key punched		12 <u>None used</u> (open hole)	
				8 Saw cut	
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				9 Drilled holes	
				10 Other (specify) _____	
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				11 <u>None</u> (open hole)	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify) _____	
6 GROUT MATERIAL: 1 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below) _____	
Direction from well? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Soil			
2	6	Light Gravel			
6	10	Yellow Clay			
10	12	Gray Shale			
12	30	Lime layers + Shale layers			
30	75	Gray Shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>June 10, 1982</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>393</u> This Water Well Record was completed on (mo/day/yr) <u>June 12, 82</u>					
under the business name of <u>Country Water</u> by (signature) <u>Melvin Ray Weber</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.					

OFFICE USE ONLY

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G/W

SEC.

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