

1 LOCATION OF WATER WELL: County: Chautaugua	Fraction N$\frac{1}{2}$ <input checked="" type="checkbox"/> S$\frac{1}{2}$ <input checked="" type="checkbox"/> NW $\frac{1}{4}$	Section Number 25	Township Number T 34 S	Range Number R 12 (EW)
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Distance and direction from nearest town or city street address of well if located within city?
2 miles west 1 mile south $\frac{1}{2}$ west of Niotaze KS

2 WATER WELL OWNER: **Kenneth Caswell**
 RR#, St. Address, Box #: **Rt 1 Box 81A**
 City, State, ZIP Code: **Peru, KS**
 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: 40 ft. ELEVATION: _____
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Depth(s) Groundwater Encountered 1. **20** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **30** 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 **10** in. to **40** ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> 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 Lawn and garden only	<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? Yes _____ No _____

5 TYPE OF BLANK CASING USED:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 7 Fiberglass		Welded _____
				Threaded _____

Blank casing diameter **6** in. to **20** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. **SCH 40**

TYPE OF SCREEN OR PERFORATION MATERIAL: PVC

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS	<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"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<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 **20** ft. to **40** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **40** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement

<input type="checkbox"/> 2 Cement grout	<input type="checkbox"/> 3 Bentonite	<input type="checkbox"/> 4 Other _____
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Grout Intervals: From **0** ft. to **20** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below) _____
			<input type="checkbox"/> 13 Insecticide storage	

Direction from well? _____ How many feet? **350**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Top Soil			
4	16	Clay			
16	19	Broken Limestone			
19	22	Fine Sand			
22	38	Gray Shale			
38	40	Limestone			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **6/2/89** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **508** This Water Well Record was completed on (mo/day/yr) **06-04-89** under the business name of **Ashford Water Well Service** by (signature) *Berry Ashford*

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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.

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