

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Chautauqua</u>		<u>SE 1/4 NE 1/4 NW 1/4</u>	<u>12</u>	T <u>35</u> S	R <u>10</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2 M N.E. of Elgin, Kans.</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : <u>John Deyore</u>		Application Number:			
City, State, ZIP Code : <u>Rt. 1 Box 86 B.</u>		<u>Sedan, Kans. 67361</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>170</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>136-165</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>124</u> ft. below land surface measured on mo/day/yr <u>6-19-84</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>5</u> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8</u> in. to <u>172</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Injection well ☐ Irrigation ☐ Industrial ☐ Lawn and garden only ☐ Observation well ☐ 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 ☒ No _____			
5 TYPE OF BLANK CASING USED:					
☐ 1 Steel ☒ 2 PVC ☐ 3 RMP (SR) ☐ 4 ABS		☐ 5 Wrought iron ☐ 6 Asbestos-Cement ☐ 7 Fiberglass		☐ 8 Concrete tile ☐ 9 Other (specify below)	
Blank casing diameter <u>4" I.D.</u> in. to <u>138</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface <u>16</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>Sch. 40</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
☐ 1 Steel ☐ 2 Brass ☐ 3 Stainless steel ☐ 4 Galvanized steel		☐ 5 Fiberglass ☐ 6 Concrete tile ☐ 7 PVC ☐ 8 RMP (SR) ☐ 9 ABS		☐ 10 Asbestos-cement ☐ 11 Other (specify) _____ ☒ 12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
☐ 1 Continuous slot ☐ 2 Louvered shutter ☐ 3 Mill slot ☐ 4 Key punched		☐ 5 Gauzed wrapped ☐ 6 Wire wrapped ☐ 7 Torch cut		☐ 8 Saw cut ☐ 9 Drilled holes ☐ 10 Other (specify) _____ ☐ 11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: ☐ 1 Neat cement ☐ 2 Cement grout ☐ 3 Bentonite ☐ 4 Other _____					
Grout Intervals: From <u>116</u> ft. to <u>138</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
☒ 1 Septic tank ☐ 2 Sewer lines ☐ 3 Watertight sewer lines		☐ 4 Lateral lines ☐ 5 Cess pool ☐ 6 Seepage pit		☐ 7 Pit privy ☐ 8 Sewage lagoon ☐ 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? <u>S.</u>		How many feet? <u>150</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	9	Lime - 1' - 4' Fill rock	165	172	Shale - blue
9	11	Yellow clay		172	T. D.
11	13	Lime - dark			
13	26	Shale - blue			
26	38	Shale - red			
38	44	Clay - yellow			(33' to 116 Clay and lime screenings)
44	74	Shale - blue			10' - 33' Neat cement
74	78	Sand - gray			0' - 10' Cement grout
78	99	Sandy shale			
99	101	Lime - brown			
101	104	Sand - gray			
114	124	Sand - yellow			
124	130	Sand - gray			
130	136	Sand - blue			
136	165	Sand - white - 5 gal per min.			
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>6-20-84</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>442 A</u> This Water Well Record was completed on (mo/day/yr) <u>6-21-84</u>					
under the business name of _____ by (signature) <u>Charles Darnall</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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