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|---|----|-----------------------------|--|----|---|---|---------------|--|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | | Township Number | | Range Number | |
| County: Marshall | | NE 1/4 SE 1/4 NE 1/4 | 17 | | T 3 S | | R 10 E | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | | | |
| 3 West & 5 1/2 South of Axtell | | | | | | | | |
| 2 WATER WELL OWNER: Ronald Turnbull | | | | | | | | |
| RR#, St. Address, Box # : 1433 27th Rd. | | | | | Board of Agriculture, Division of Water Resources | | | |
| City, State, ZIP Code : Axtell, KS 66403 | | | | | Application Number: | | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | | 4 DEPTH OF COMPLETED WELL 48 ft. ELEVATION: | | | | | |
| <div style="text-align: center;">N - - NW - - - NE - - * W - - - - - E - - SW - - - SE - - S</div> | | | Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. | | | | | |
| | | | WELL'S STATIC WATER LEVEL 12 ft. below land surface measured on mo/day/yr 4/6/07 | | | | | |
| | | | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm | | | | | |
| | | | Est. Yield 100 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm | | | | | |
| | | | WELL WATER TO BE USED AS: | | | | | |
| 1 Domestic | | | 3 Feedlot | | | 5 Public water supply | | |
| 2 Irrigation | | | 4 Industrial | | | 6 Oil field water supply | | |
| | | | 7 Domestic (lawn & garden) | | | 8 Air conditioning | | |
| | | | | | | 9 Dewatering | | |
| | | | | | | 10 Monitoring well | | |
| | | | | | | 11 Injection well | | |
| | | | | | | 12 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 | | | 3 RMP (SR) | | | 5 Wrought iron | | |
| 2 PVC | | | 4 ABS | | | 6 Asbestos-Cement | | |
| | | | | | | 7 Fiberglass | | |
| | | | | | | 8 Concrete tile | | |
| | | | | | | 9 Other (specify below) | | |
| Blank casing diameter 5 in. to 28 ft., Dia | | | Casing height above land surface 18 in., weight 200 lbs./ft. | | | Casing joints: Glued * Clamped _____ | | |
| | | | | | | Welded _____ | | |
| | | | | | | Threaded _____ | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| 1 Steel | | | 3 Stainless Steel | | | 5 Fiberglass | | |
| 2 Brass | | | 4 Galvanized Steel | | | 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 | | | 3 Mill slot | | | 5 Guazed wrapped | | |
| 2 Louvered shutter | | | 4 Key punched | | | 6 Wire wrapped | | |
| | | | | | | 7 Torch cut | | |
| | | | | | | 8 Saw cut | | |
| | | | | | | 11 None (open hole) | | |
| SCREEN-PERFORATED INTERVALS: From 28 ft. to 48 ft., From _____ ft. to _____ ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From 25 ft. to 48 ft., From _____ ft. to _____ ft. | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____ | | | | | | | | |
| Grout Intervals: From 5 ft. to 25 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | |
| 1 Septic tank | | | 4 Lateral lines | | | 10 Livestock pens | | |
| 2 Sewer lines | | | 5 Cess pool | | | 11 Fuel storage | | |
| 3 Watertight sewer lines | | | 6 Seepage pit | | | 12 Fertilizer storage | | |
| | | | | | | 13 Insecticide storage | | |
| | | | | | | 14 Abandoned water well | | |
| | | | | | | 15 Oil well/Gas well | | |
| | | | | | | 16 Other (specify below) | | |
| Direction from well? East How many feet? 10 | | | | | | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | | | |
| 0 | 2 | Topsoil | | | | | | |
| 2 | 14 | Tan & Yellow Clay | | | | | | |
| 14 | 22 | Ten & Yellow Clay & Sand | | | | | | |
| 22 | 41 | Sand (Fine-Med./Yellow) | | | | | | |
| 41 | 50 | Blue Clay | | | | | | |
| 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) 4/6/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 518 This Water Well Record was completed on (mo/day/yr) 4/12/07 under the business name of Blue Valley Drilling by (signature) <i>[Signature]</i> | | | | | | | | |
| 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. | | | | | | | | |