

LOCATION OF WATER WELL: County: <u>Washington</u>	Fraction <u>SE 1/4 SE 1/4 NE 1/4</u>	Section Number <u>27</u>	Township Number <u>T 4 S</u>	Range Number <u>R 2 E</u>
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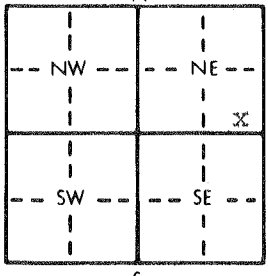
Distance and direction from nearest town or city street address of well if located within city?

5 West 1/2 South of Linn

WATER WELL OWNER: Arnold Helms
 RR#, St. Address, Box #: Route 1
 City, State, ZIP Code: Linn, Kansas 66953

Board of Agriculture, Division of Water Resources
 Application Number: _____

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



DEPTH OF COMPLETED WELL: 195 ft. ELEVATION: 1460'

Depth(s) Groundwater Encountered 1. 120 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 60 ft. below land surface measured on mo/day/yr 7/14/82

Pump test data: Well water was NA ft. after _____ hours pumping _____ gpm

Est. Yield 60 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 8 in. to _____ ft., and _____ in. to _____ ft.

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 Lawn and garden only	<input type="checkbox"/> 10 Observation well	

Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes No _____

TYPE OF BLANK CASING USED:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: <input checked="" type="checkbox"/> Glued _____ <input type="checkbox"/> Clamped _____
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	<input type="checkbox"/> Welded _____
		<input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> Threaded _____

Blank casing diameter 5 in. to 135 ft., Dia. 5 in. to 19 1/8 ft., Dia. _____ in. to _____ ft.

Casing height above land surface 12 in., weight 3 lbs./ft. Wall thickness or gauge No. 258

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> 7 PVC	<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"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify) _____
			<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input checked="" 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 135 ft. to 155 ft., From 175 ft. to 195 ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 10 ft. to 195 ft., From _____ ft. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From 0 ft. to 10 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 type="checkbox"/> 7 Pit privy	<input checked="" 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? West How many feet? 250

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	topsoil			
3	40	sandrock			
40	51	red clay			
51	85	blue clay w/ sandrock layers			
85	120	sandrock			
120	160	blue clay w/ rocky layers			
160	200	sandrock			
200		stop			

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) 7/14/82 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 359 This Water Well Record was completed on (mo/day/yr) 7/20/1982 under the business name of Daryl Cox & Sons Inc. by (signature) Daryl Cox

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.