

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <b>Riley</b>	<b>SW</b> ¼ ¼ ¼	<b>17</b>	<b>T 6 S</b>	<b>R 6 E/W</b>

Distance and direction from nearest town or city? **7½ miles NW of Randolph, KS.**  
 Street address of well if located within city?

2 WATER WELL OWNER: **Terry W. Henry**  
 RR#, St. Address, Box #: **Box 95**  
 City, State, ZIP Code: **Randolph, KS. 66554**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 DEPTH OF COMPLETED WELL: **55** ft. Bore Hole Diameter: **12** 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"/> 8 Air conditioning	<input type="checkbox"/> 11 Injection well
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)
<input type="checkbox"/> 10 Observation well				

Well's static water level . . . . . ft. below land surface measured on . . . . . month . . . . . day . . . . . year

Pump Test Data : Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm  
 Est. Yield **10** gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

4 TYPE OF BLANK CASING USED:

<input checked="" 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 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 dia **5** in. to **12"** ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.

Casing height above land surface **12"** in., weight **200** lbs./ft. Wall thickness or gauge No. **.200**

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-Perforation Dia. **5** in. to . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.

Screen-Perforated Intervals: From **26** ft. to **55** ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

Gravel Pack Intervals: From **20** ft. to **55** ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

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

Grouted Intervals: From **1** ft. to **20** 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 Cess pool	<input type="checkbox"/> 7 Sewage lagoon	<input type="checkbox"/> 10 Fuel storage	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Seepage pit	<input type="checkbox"/> 8 Feed yard	<input type="checkbox"/> 11 Fertilizer storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Lateral lines	<input type="checkbox"/> 6 Pit privy	<input type="checkbox"/> 9 Livestock pens	<input type="checkbox"/> 12 Insecticide storage	<input type="checkbox"/> 16 Other (specify below)
			<input type="checkbox"/> 13 Watertight sewer lines	<b>none</b>

Direction from well . . . . . How many feet . . . . . ? Water Well Disinfected? Yes  No

Was a chemical/bacteriological sample submitted to Department? Yes  No  If yes, date sample was submitted . . . . . month . . . . . day . . . . . year: Pump Installed? Yes  No

If Yes: Pump Manufacturer's name . . . . . Model No. . . . . HP . . . . . Volts . . . . .

Depth of Pump Intake . . . . . ft. Pumps Capacity rated at . . . . . gal./min.

Type of pump:  1 Submersible  2 Turbine  3 Jet  4 Centrifugal  5 Reciprocating  6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **October 13th 1982** month . . . . . day . . . . . year . . . . .

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **234D**

This Water Well Record was completed on **December 20th 1982** month . . . . . day . . . . . year under the business name of **Blue Valley Drilling** by (signature) *Donald H. Hester*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	2	Top soil		
	2	22	Tan clay			
	22	28	Loose creek gravel & clay			
	28	29	Flint rock			
	29	33	Shale			
	33	34	Flint			
	34	40	Shale			
	40	42	Limestone			
	42	49	Red shale			
	49	51	Limestone			
ELEVATION:	51	s55	Shale			

Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft. 4. . . . . ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
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E/W  
SEC.  
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