

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Jefferson</b>		<b>NW 1/4 NW 1/4 NE 1/4</b>		<b>29</b>		<b>T 7 S</b>		<b>R 19 E</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>EAST OF Nortonville City Limits</b>									
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources							
RR#, St. Address, Box #		Application Number:							
City, State, ZIP Code		<b>511 3rd Winchester Kan.</b>							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>130</b> ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1. <b>118</b> ft. 2. _____ ft. 3. _____ ft.							
		WELL'S STATIC WATER LEVEL <b>90</b> ft. below land surface measured on mo/day/yr							
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Est. Yield <b>20</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Bore Hole Diameter <b>9</b> in. to <b>130</b> 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"/> 5 Public 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"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 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:									
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 3 Concrete tile    CASING JOINTS: <input checked="" type="checkbox"/> Glued    _____ 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)    _____ Welded <input type="checkbox"/> Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <b>24</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>sch 40</b>									
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"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) _____ <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"/> 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 <b>100</b> ft. to <b>130</b> ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>130</b> ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL:									
<input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____ Grout Intervals: From <b>3</b> ft. to <b>20</b> 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 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 checked="" 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)									
Direction from well? <b>EAST</b> How many feet? <b>100</b>									
FROM		TO		LITHOLOGIC LOG		FROM		TO	
<b>0</b>		<b>3</b>		<b>TOP SOIL</b>					
<b>3</b>		<b>61</b>		<b>BROWN CLAY</b>					
<b>61</b>		<b>120</b>		<b>Blue CLAY SANDY</b>					
<b>120</b>		<b>130</b>		<b>Fine SAND GRAVEL</b>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <input checked="" type="checkbox"/> constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>11-6-91</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>526</b> This Water Well Record was completed on (mo/day/yr) <b>11-7-91</b> under the business name of <b>Nolt Drilling</b> by (signature) <b>Fred Nolt</b>									