

1 LOCATION OF WATER WELL	Fraction NE SW 1/4 SW 1/4 NE 1/4	Section Number 6	Township Number T 7 S	Range Number R 3 E E/W
County: Clay				

Distance and direction from nearest town or city? **5 1/4 North of Clay Center** Street address of well if located within city?

2 WATER WELL OWNER: **Jerry Hogan**
 RR#, St. Address, Box #: **Route # 4** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Clay Center, Kansas 67432** Application Number:

3 DEPTH OF COMPLETED WELL: ~~22~~ **95** ft. Bore Hole Diameter: **14** in. to ~~22~~ **95** ft. and in. to ft.

Well Water to be used as:

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 5 Public water supply	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 10 Observation well	<input type="checkbox"/> 11 Injection well	<input type="checkbox"/> 12 Other (Specify below)
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial								

Well's static water level: **18** ft. below land surface measured on **September** month **17** day **1980** year

Pump Test Data: Well water was **92** ft. after **1/2** hours pumping. Est. Yield **2** gpm: Well water was ft. after hours pumping

4 TYPE OF BLANK CASING USED:

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

Blank casing dia: **8** in. to **20** ft. Dia: **8** in. from **40** to **95** Dia: in. to ft.

Casing height above land surface: ~~22~~ **24** in., weight **5.6** lbs./ft. Wall thickness or gauge No. **.332**

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 6 Concrete tile	<input checked="" type="checkbox"/> 7 PVC	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 10 Asbestos-cement	<input type="checkbox"/> 11 Other (specify)	<input type="checkbox"/> 12 None used (open hole)
<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 6 Wire wrapped	<input checked="" type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 9 Drilled holes	<input type="checkbox"/> 10 Other (specify)	<input type="checkbox"/> 11 None (open hole)		
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 7 Torch cut							

Screen or Perforation Openings Are:

Screen-Perforation Dia: **8** in. to ft. Dia: in. to ft. Dia: in. to ft.

Screen-Perforated Intervals: From **20** ft. to **40** ft., From ft. to ft., From ft. to ft.

Gravel Pack Intervals: From **10** ft. to **95** 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 **0** ft. to **10** ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:

<input checked="" 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	

Direction from well: **Southeast** How many feet: **150** ? 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 **September** month **17** day **1980** year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **361**

This Water Well Record was completed on **September** month **24** day **1980** year under the business name of **Cox - Beswick Irrigation Service, Inc.** by (signature) *Francis Cox*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	12	Top soil & clay			
	12	20	Sandrock			
	20	30	Clay			
	30	38	Sandrock			
	38	40	Clay			
	40	100	Blue clay & shale			

ELEVATION: **1310**

Depth(s) Groundwater Encountered 1. **30** 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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EW
SEC
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SW 1/4
NE 1/4
NE 1/4