

OFFICE USE ONLY

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SE 1/4 SW 1/4 NE 1/4

1 LOCATION OF WATER WELL County: RILEY	Fraction SE 1/4 SW 1/4 NE 1/4	Section Number 21	Township Number T 7 S	Range Number R 6 E
Distance and direction from nearest town or city? in Randolph			Street address of well if located within city? 307 E Garrison	
2 WATER WELL OWNER: Viola Winkler RR#, St. Address, Box # 307 E Garrison Randolph Kans 66554 City, State, ZIP Code				
3 DEPTH OF COMPLETED WELL 79 ft. Bore Hole Diameter 1.0 in. to 1.8 ft., and 6 1/2 in. to 79 ft.				
Well Water to be used as:				
1 Domestic 3 Feedlot		5 Public water supply		8 Air conditioning
2 Irrigation 4 Industrial		6 Oil field water supply		9 Dewatering
7 Lawn and garden only		10 Observation well		11 Injection well
Well's static water level 249 ft. below land surface measured on 4 month 2 day 1981 year		Pump Test Data 6 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm		12 Other (Specify below)
Est. Yield 6 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm				
4 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR)		5 Wrought iron		8 Concrete tile
2 PVC 4 ABS		6 Asbestos-Cement		9 Other (specify below)
Blank casing dia 5 in. to 18 in. Dia 79 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		7 Fiberglass		Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____
Casing height above land surface 18 in., weight _____ lbs./ft. Wall thickness or gauge No. 267 Wall				Welded _____
TYPE OF SCREEN OR PERFORATION MATERIAL:				
1 Steel 3 Stainless steel		5 Fiberglass		8 RMP (SR)
2 Brass 4 Galvanized steel		6 Concrete tile		9 ABS
Screen or Perforation Openings Are: 10 40		5 Gauzed wrapped		8 Saw cut <input checked="" type="checkbox"/> 11 None (open hole)
1 Continuous slot 3 Mill slot		6 Wire wrapped		9 Drilled holes
2 Louvered shutter 4 Key punched		7 Torch cut		10 Other (specify)
Screen-Perforation Dia 5 in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.				
Screen-Perforated Intervals: From 79 ft. to 39 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.				
Gravel Pack Intervals: From 79 ft. to 18 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.				
5 GROUT MATERIAL:				
1 Neat cement		2 Cement grout		3 Bentonite
Grouted Intervals: From 1.8 ft. to 8 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		gROUT went to 1st layer of rock		
What is the nearest source of possible contamination: okd DP-19-81		This well kept to water out of the well		
1 Septic tank 4 Cess pool		7 Sewage lagoon		11 Fertilizer storage
2 Sewer lines 5 Seepage pit		8 Feed yard		12 Insecticide storage
3 Lateral lines 6 Pit privy		9 Livestock pens		13 Watertight sewer lines City sewer pipes
Direction from well West How many feet 95		? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <input checked="" type="checkbox"/>				
If Yes: Pump Manufacturer's name NA 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 4 month 3 day 1980 year				
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 237				
This Water Well Record was completed on 4 month 3 day 1981 year under the business name of Strader Drilling Co by (signature) Harold Strader				
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG		
		FROM 0	TO 10	LITHOLOGIC LOG top soil
		10	18	Clay, yellow
		18	30	Rock, lime yellow
		30	41	clay, yellow
		41	49	Shale blue
		49	57	Rock yellow lime
		57	79	Shale, blue
ELEVATION: _____		Water 6 gal min		
Depth(s) Groundwater Encountered 1. 49 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.