

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Pottawatomie</u>		<u>NE 1/4 NE 1/4 NW 1/4</u>		<u>29</u>		T <u>7</u> S		R <u>8</u> <u>EW</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>3 North 3 1/2 West Westmoreland</u>									
2 WATER WELL OWNER: <u>Robby ONEAL</u>									
RR#, St. Address, Box # : <u>RR#1</u>						Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : <u>Westmoreland, Kansas 66549</u>						Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL... <u>30</u> ft. ELEVATION:					
				Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.					
				WELL'S STATIC WATER LEVEL... <u>10</u> ft. below land surface measured on mo/day/yr					
				Pump test data: Well water was .... ft. after .... hours pumping .... gpm					
				Est. Yield <u>15</u> gpm: Well water was .... ft. after .... hours pumping .... gpm					
				Bore Hole Diameter... <u>8</u> in. to <u>30</u> ft., and .... in. to .... ft.					
WELL WATER TO BE USED AS:									
<input checked="" type="checkbox"/> Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below) 2 Irrigation    4 Industrial    7 Lawn and garden only    10 Monitoring well									
Was a chemical/bacteriological sample submitted to Department? Yes.....No..... <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted									
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No									
5 TYPE OF BLANK CASING USED:									
1 Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped ..... <u>PVC</u> 4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded ..... 7 Fiberglass    Threaded .....									
Blank casing diameter... <u>5</u> in. to <u>10</u> ft., Dia... <u>5</u> in. to <u>30</u> ft., Dia... in. to ... ft.									
Casing height above land surface... <u>24</u> in., weight... <u>200</u> lbs./ft. Wall thickness or gauge No. ....									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel    3 Stainless steel    5 Fiberglass    8 RMP (SR)    10 Asbestos-cement 2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS    11 Other (specify) ..... 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot    3 Mill slot    5 Gauzed wrapped <input checked="" type="checkbox"/> Saw cut    11 None (open hole) 2 Louvered shutter    4 Key punched    6 Wire wrapped    9 Drilled holes 7 Torch cut    10 Other (specify) .....									
SCREEN-PERFORATED INTERVALS: From... <u>10</u> ft. to... <u>20</u> ft., From... ft. to... ft.									
GRAVEL PACK INTERVALS: From... <u>10</u> ft. to... <u>30</u> ft., From... ft. to... ft.									
6 GROUT MATERIAL: 1 Neat cement    2 Cement grout <u>3</u> Bentonite    4 Other									
Grout Intervals: From... <u>0</u> ft. to... <u>10</u> ft., From... ft. to... ft., From... ft. to... ft.									
What is the nearest source of possible contamination:									
<input checked="" type="checkbox"/> Septic tank    4 Lateral lines    7 Pit privy    10 Livestock pens    14 Abandoned water well 2 Sewer lines    5 Cess pool    8 Sewage lagoon    11 Fuel storage    15 Oil well/Gas well 3 Watertight sewer lines    6 Seepage pit    9 Feedyard    12 Fertilizer storage    16 Other (specify below) 13 Insecticide storage									
Direction from well? <u>NW</u> How many feet? <u>100'</u>									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8-24-88</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>234</u> This Water Well Record was completed on (mo/day/yr) <u>12-29-88</u> under the business name of <u>STRADERS BLUE VALLEY DRILLING</u> by (signature) <u>Betty Jo Strader</u>									
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, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.									