

1 LOCATION OF WATER WELL: County: <u>Thomas</u>		Fraction <u>SE 1/4 NE 1/4 NE 1/4</u>	Section Number <u>9</u>	Township Number <u>10</u>	Range Number <u>31 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2 1/2 mi W of the Campus Ks</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code : <u>Oakley, KS 67748</u>			Board of Agriculture, Division of Water Resources Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>120</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>40</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>40</u> ft. below land surface measured on mo/day/yr <u>3-31-82</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
Bore Hole Diameter <u>9</u> in. to <u>1.20</u> ft., and _____ in. to _____ ft.		WELL WATER TO BE USED AS:			
<input checked="" type="radio"/> 1 Domestic <input type="radio"/> 2 Irrigation		<input type="radio"/> 3 Feedlot <input type="radio"/> 4 Industrial <input type="radio"/> 5 Public water supply <input type="radio"/> 6 Oil field water supply <input type="radio"/> 7 Lawn and garden only <input type="radio"/> 8 Air conditioning <input type="radio"/> 9 Dewatering <input type="radio"/> 10 Observation well <input type="radio"/> 11 Injection well <input type="radio"/> 12 Other (Specify below)			
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:					
<input type="radio"/> 1 Steel <input checked="" type="radio"/> 2 PVC <input type="radio"/> 3 RMP (SR) <input type="radio"/> 4 ABS		<input type="radio"/> 5 Wrought iron <input type="radio"/> 6 Asbestos-Cement <input type="radio"/> 7 Fiberglass		<input type="radio"/> 8 Concrete tile <input type="radio"/> 9 Other (specify below)	
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____			
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>214</u>		Welded _____ Threaded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="radio"/> 1 Steel <input type="radio"/> 2 Brass <input type="radio"/> 3 Stainless steel <input type="radio"/> 4 Galvanized steel		<input type="radio"/> 5 Fiberglass <input type="radio"/> 6 Concrete tile <input checked="" type="radio"/> 7 PVC		<input type="radio"/> 8 RMP (SR) <input type="radio"/> 9 ABS <input type="radio"/> 10 Asbestos-cement <input type="radio"/> 11 Other (specify) _____ <input type="radio"/> 12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
<input type="radio"/> 1 Continuous slot <input type="radio"/> 2 Louvered shutter <input type="radio"/> 3 Mill slot <input type="radio"/> 4 Key punched		<input type="radio"/> 5 Gauzed wrapped <input type="radio"/> 6 Wire wrapped <input type="radio"/> 7 Torch cut		<input checked="" type="radio"/> 8 Saw cut <input type="radio"/> 9 Drilled holes <input type="radio"/> 10 Other (specify) _____ <input type="radio"/> 11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <input checked="" type="radio"/> 1 Neat cement <input type="radio"/> 2 Cement grout <input type="radio"/> 3 Bentonite <input type="radio"/> 4 Other _____					
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input type="radio"/> 1 Septic tank <input type="radio"/> 2 Sewer lines <input type="radio"/> 3 Watertight sewer lines		<input type="radio"/> 4 Lateral lines <input type="radio"/> 5 Cess pool <input type="radio"/> 6 Seepage pit		<input type="radio"/> 7 Pit privy <input type="radio"/> 8 Sewage lagoon <input type="radio"/> 9 Feedyard <input type="radio"/> 10 Livestock pens <input type="radio"/> 11 Fuel storage <input type="radio"/> 12 Fertilizer storage <input type="radio"/> 13 Insecticide storage	
<input type="radio"/> 14 Abandoned water well <input type="radio"/> 15 Oil well/Gas well <input type="radio"/> 16 Other (specify below) <u>Draw</u>		How many feet? <u>200</u>			
Direction from well? <u>North</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	16	<u>Sandy Clay</u> <u>Fine Sand</u> <u>Sandy Clay</u> <u>Fine Sand</u> <u>Sandy Clay</u> <u>Fine Sand</u> <u>Sandy Clay</u> <u>Fine Sand</u> <u>Sandy Clay</u> <u>Chert</u>			
16	47				
47	71				
71	80				
80	95				
95	104				
104	109				
109	112				
112	116				
116	118				
118	120				
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>RECEIVED</b>   MAY 21 1982   DIVISION OF ENVIRONMENTAL GEOL  OF </div>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed, <input type="radio"/> (2) reconstructed, or <input type="radio"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3-31-82</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>326</u> This Water Well Record was completed on (mo/day/yr) <u>4-31-82</u> under the business name of <u>B &amp; B Drilling</u> by (signature) <u>Joseph Beckman</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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EWS

SEC.

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