

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: Thomas		Sc 1/4 Sec 36 1/4	15	T 10 S	R 32 E
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Melvin Eberle					
RR#, St. Address, Box #: 425 US 83			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: Oakley, Ks 67748			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 153 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL na ft. below land surface measured on mo/day/yr			
		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 8 in. to 165 ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well			
		<input checked="" type="checkbox"/> 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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	
<input checked="" type="checkbox"/> 2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter 4.5 in. to 113 ft., Dia				8 Concrete tile	
Casing height above land surface 18 in., weight 2.38 lbs./ft.				9 Other (specify below) _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:				CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____	
1 Steel		3 Stainless steel		10 Asbestos-cement	
2 Brass		4 Galvanized steel		11 Other (specify) _____	
SCREEN OR PERFORATION OPENINGS ARE:		5 Fiberglass		12 None used (open hole)	
1 Continuous slot		6 Concrete tile		8 RMP (SR)	
2 Louvered shutter		7 Torch cut		9 ABS	
3 Mill slot		8 Gauzed wrapped		10 Other (specify) _____	
4 Key punched		9 Drilled holes		11 None (open hole)	
SCREEN-PERFORATED INTERVALS:		From 113 ft. to 153 ft.		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From 0 ft. to 20 ft.		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
Grout Intervals From 0 ft. to 20 ft.				4 Other _____	
		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below) none	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface	86	96
2	19		Loess	96	101
19	23		Clay & caliche	101	118
23	30		Sandstone w/clay, caliche strks	118	129
30	38		Fine to med sand	129	140
38	40		Sandstone	140	143
40	52		Med sd & gravel w/sandstone	143	147
			Strks		
52	65		Clay w/a few sand strks	147	165
65	72		Fine to some med sd w/ lots of		
			Clay		
72	81		Clay & caliche		
81	86		Fine to some med sd w/clay		
			lens		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 6-2-08 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 554			This Water Well Record was completed on (mo/day/yr) 6-13-08		
under the business name of Woofor Pump & Well Inc.			by (signature) <i>[Signature]</i>		
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S.W. Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

T

R

SEC