

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Logan	1/4 1/4 NW 1/4	2	T 11 S	R 32 E/W

Distance and direction from nearest town or city? _____ Street address of well if located within city?
400 price Street

2 WATER WELL OWNER: City of Oakley
RR#, St. Address, Box #: _____
City, State, ZIP Code: _____
Board of Agriculture, Division of Water Resources
Application Number: 622

3 DEPTH OF COMPLETED WELL: 213 ft. Bore Hole Diameter: 30 in. to 213 ft., and _____ in. to _____ ft.
Well Water to be used as:
5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
Well's static water level: 134 ft. below land surface measured on _____ 5 month _____ 24 day _____ 80 year
Pump Test Data: Est. Yield 450 gpm; Well water was _____ ft. after _____ hours pumping _____ gpm
Well water was _____ ft. after _____ hours pumping 400 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)
7 Fiberglass
Blank casing dia: 12 in. to 191 ft., Dia 12 in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface: 24 in., weight _____ lbs./ft. Wall thickness or gauge No. 0.330

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 12 None used (open hole)
Screen or Perforation Openings Are:
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 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-Perforation Dia: 12 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
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.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete
Grouted Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
What is the nearest source of possible contamination:
1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
13 Watertight sewer lines
Direction from well: West How many feet: 100 ? 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: Johnston Model No. 13 - 8ES HP 50 Volts 440
Depth of Pump Intake: 204 ft. Pumps Capacity rated at: 350 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 _____ 5 month _____ 22 day _____ 80 year
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 245
This Water Well Record was completed on _____ 4 month _____ 23 day _____ 81 year under the business name of Western Well and Pump, Inc. by (signature) Roy F. Senior

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		LITHOLOGIC LOG	FROM		LITHOLOGIC LOG
	TO	TO		TO	TO	
	0	36	Clay	209	217	Coarse Sand & Gr. Loose
	36	44	Sand & Gravel	217		Ochre and Shale
	44	60	Clay			
	60	88	Coarse Sand & Gravel			
	88	98	Gravel and Clay Mix			
	98	156	Med. Coarse Sand & Gr.			
	156	163	Clay			
	163	183	Coarse Sand & Gravel			
	183	186	Clay			
	186	193	Sand & Gravel			
ELEVATION:	193	209	Med. Cr. Sand & Gr & Clay Mix			

Depth(s) Groundwater Encountered 1. _____ 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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SEC.
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