

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Russell</u>	<u>NW 1/4 NW 1/4 NE 1/4</u>	<u>3</u>	T <u>12</u> S	R <u>15</u> E <u>(W)</u>

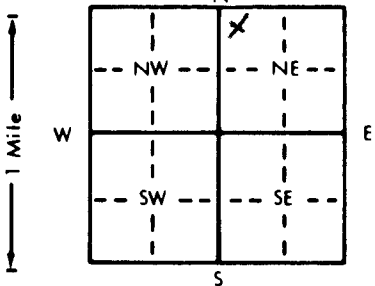
Distance and direction from nearest town or city street address of well if located within city?

Russell 281 Hwy 7mi N 5m West 2mi N 1mi W North into 7pmi

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

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL: 50 ft. ELEVATION:



Depth(s) Groundwater Encountered 1. 38 ft. 2. 44 ft. 3. \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL 15 ft. below land surface measured on mo/day/yr

Pump test data: Well water was 50 ft. after 4 hours pumping 25 gpm

Est. Yield 25 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Bore Hole Diameter 8.34 in. to 50 in. to \_\_\_\_\_ in. to \_\_\_\_\_ in. to \_\_\_\_\_ ft.

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 10 Monitoring well	

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No \_\_\_\_\_; If yes, mo/day/yr sample was submitted \_\_\_\_\_

Water Well Disinfected? Yes  No

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> Welded _____
			<input type="checkbox"/> Threaded _____

Blank casing diameter 5 in. to 25 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface 30 in., weight Soil 80 lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS
			<input type="checkbox"/> 11 Other (specify) _____
			<input type="checkbox"/> 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:		<input checked="" type="checkbox"/> 5 Gauzed wrapped	<input checked="" type="checkbox"/> Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From 25 ft. to 50 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From 25 ft. to 50 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL:	<input type="checkbox"/> 1 Neat cement	<input type="checkbox"/> 2 Cement grout	<input checked="" type="checkbox"/> Bentonite	<input type="checkbox"/> 4 Other _____
Grout Intervals: From <u>25</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				

What is the nearest source of possible contamination:			
<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage
			<input type="checkbox"/> 13 Insecticide storage
			<input type="checkbox"/> 14 Abandoned water well
			<input type="checkbox"/> 15 Oil well/Gas well
			<input type="checkbox"/> 16 Other (specify below)

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>2</u>	<u>Soil</u>			
<u>2</u>	<u>27</u>	<u>Sand coarse dry</u>			
<u>27</u>	<u>28</u>	<u>Pea Gravel</u>			
<u>28</u>	<u>43</u>	<u>Grey Clay &amp; Gravel</u>			
<u>43</u>	<u>50</u>	<u>Coarse River Rocks</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7-26-00</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>660</u> This Water Well Record was completed on (mo/day/yr) <u>7-27-00</u> under the business name of <u>Goodman Water Well Drll</u> by (signature) <u>Jack Good</u>
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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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.