| WATER WELL RECORD | | | | | | er Resources; App. No | |
|---|------------------|--|--|---------------|--|--------------------------------|----------------------|
| 1 LOCATION OF WATER WELL: | | | | | Section Number | Township Number | |
| County: Russell | | | NE 1/4 NE 1/4 N | 1/4 | 32 | T 12 S | R ₁₅ E/W |
| Distance and direction from nearest town or city street address of well if Global Positioning Systems (decimal degrees, min. of 4 dig | | | | | | | |
| locat | ed within o | eity? 5 North East Side | on Gorhama h | | Latitude: | | |
| 2 3574 | TOTAL AND A | I OHAVED | | | Longitude: | | |
| ı | | LL OWNER: Clarence | e Milke | | Elevation: | | |
| RR#, St. Address, Box # : 2700 Ti. | | | | 1 | Datum: | | |
| City | , State, ZII | Code . Have K | 5 67601 | | Data Collection | Method: | |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL240 | | | | | | | |
| i | CATION | | | 015 | | | |
| WITH AN "X" IN Depth(s) Groundwater Encountered (1) | | | | | | | |
| SECTION BOX: WELL'S STATIC WATER LEVEL!42ft. below land surface measured on mo/day/yr 3/.30/.09 | | | | | | | yr3/.30/09 |
| | N | Pump test data: | Well water was 140 ft. after 1‡ hours pumping 10 gpm | | | | |
| Est. Yieldgpm: Well water wasft. after. | | | | | | hours pumping | gpm |
| WELL WATER TO BE USED AS: \$ Public water supply 8 Air conditioning 11 Injection well | | | | | | | ection well |
| W E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below | | | | | | | |
| 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs | | | | | | | |
| | | was a chemical/bacteri | ological sample sub | mitted to L | Department? Yes | ; No; | If yes, mo/day/yrs |
| Sample was submitted | | | | | | | |
| S | | | | | | | |
| 5 TYPE OF CASING USED: 2 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued | | | | | | | |
| 5 TYPE OF CASING USED: 2 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued | | | | | | | |
| Throaded | | | | | | | |
| Blank casing diameter 5 in to 24 ft., Diameter in to ft. Diameter in to ft. | | | | | | | |
| Casing neight above land surface | | | | | | | |
| | | N OR PERFORATION MATE | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) | | | | | | | |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) | | | | | | | |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to 220 ft., From ft. to ft. | | | | | | | |
| From the A From A to A From A to A | | | | | | | |
| From | | | | | | | |
| | GIGITE | From | f to | | ft From | ft. to | |
| | | 110111 | | | It., FIOIII | 11. 10 | |
| 6 GRO | UT MATI | ERIAL: 1 Neat cement 2 C | Cement grout 3 Be | ntonite | 4 Other | | |
| Grout In | tervals: | From40 ft. to | 0 ft., From | f | t. to f | t From | ft. toft. |
| What is | the nearest | source of possible contamination | on: none | | | ., | |
| 1 Septic tank 4 Lateral lines 7 | | | Pit privy 10 Livestock pens 13 Insecticide | | | secticide storage 1 | 6 Other (specify |
| | | | | 11 Fuel sto | | 14 Abandoned water well below) | |
| 3 | Watertight | sewer lines 6 Seepage pit | 9 Feedyard | 12 Fertilize | | l well/gas well | |
| | n from wel | 1? | | How many | feet? | | |
| FROM | TO | LITHOLOGIC | LOG | FROM | ТО | PLUGGING INTE | |
| 0 | 3 | Top soil | | | | - Address | |
| 3 | 8 | Gumbo clay | | | | | |
| 8 | 26 | Wellherd Shale | | | | | |
| 26 | 40 | Soft Blue Shale | | | | | - |
| 40 | 1.20 | Hard Dry Shale | | | | | |
| 120 | 195 | Dacoka clay smoe roc | N- | | | | |
| 195 | 215 | Clay & Sand rock | | | | | |
| 215 | 238 | Sand Rock | | 1 | t | | |
| 238 | 240 | | Name of the Control o | + | | | |
| 20 | 4 4 0 | White clay | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION. This waster well was (1) asserted (2) asserted (2) asserted (3) asserted (4) asserted (5) asserted (6) asserted (7) asserted (8) asserted (8) asserted (9) asserted (9) asserted (1) | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)4/7.5/09 and this record is true to the best of my knowledge and belief. | | | | | | | |
| Kansas Water Well Contractor's License No. 0199 This Water Well Record was completed on (mo/day/year) 5 1.3/09 | | | | | | | |
| under the business name of Warst Water Well Drilling & Servicely (Signature) | | | | | | | |
| INSTRUC | CTIONS: 11s | e typewriter or ball point pen. <u>PLEAS</u> | E PRESS FIRMLY and I | PRINT clearly | Please fill in blank | underine or circle the cor | t asswers send top |
| three copie | s to Kansas l | Department of Health and Environment | , Bureau of Water, Geold | ogy Section, | 1000 SW Jackson St., | Suite 420, Topeka, Kansas o | 001z-1367. Telephone |
| 785-296-5: | 522. Send | one to WATER WELL OWNE | R and retain one fo | or your rec | ords. Fee of \$5. | 00 for each constructed | well. Visit us at |
| http://www | v.kdheks.gov/ | waterwell/index.html. | | | | | |