

1 LOCATION OF WATER WELL: County: <u>Elliott</u>		Fraction <u>SC 1/4 SE 1/4 SW 1/4</u>		Section Number <u>36</u>		Township Number <u>T 12 S</u>		Range Number <u>R 18 E</u>																															
Distance and direction from nearest town or city street address of well if located within city? <u>6 West 2 North 1 1/2 East of Hays Ks. 67601</u>																																							
2 WATER WELL OWNER: <u>CLYDE MERMIS</u>																																							
RR#, St. Address, Box #: <u>704 W. Commercial</u>																																							
City, State, ZIP Code: <u>Oberlin Ks. 67749</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>40</u> ft. ELEVATION: _____ ft.																																				
<p>Diagram: A square divided into four quadrants labeled NW, NE, SW, and SE. An 'X' is marked in the SW quadrant. To the left of the diagram is a vertical scale bar labeled '1 Mile'. To the right of the diagram are labels 'N', 'S', 'E', and 'W' corresponding to the quadrants.</p>			Depth(s) Groundwater Encountered 1. <u>22</u> ft. 2. _____ ft. 3. _____ ft.																																				
			WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on mo/day/yr <u>6/2/89</u>																																				
			Pump test data: Well water was <u>18</u> ft. after <u>1</u> hours pumping <u>16</u> gpm																																				
			Est. Yield <u>20</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																				
Bore Hole Diameter <u>10</u> in. to _____ ft., and _____ in. to _____ ft.																																							
WELL WATER TO BE USED AS:																																							
<input checked="" type="checkbox"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation 4 Industrial 7 Lawn and garden only 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? <input checked="" type="checkbox"/> Yes No _____																																							
5 TYPE OF BLANK CASING USED:																																							
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: <input checked="" type="checkbox"/> Glued _____ Clamped <input checked="" type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter <u>5</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>24</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SPR-24</u> TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="checkbox"/> 7 PVC 10 Asbestos-cement 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)																																							
SCREEN OR PERFORATION OPENINGS ARE:																																							
1 Continuous slot <input checked="" type="checkbox"/> 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 SCREEN-PERFORATED INTERVALS: From <u>20</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>18</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																							
6 GROUT MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> Cement grout 3 Bentonite 4 Other _____																																							
Grout Intervals: From <u>0</u> ft. to <u>18</u> ft., 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 10 Livestock pens <input checked="" type="checkbox"/> 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____ Direction from well? <u>Northeast</u> How many feet? <u>40</u>																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>10</u></td> <td><u>top soil</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>10</u></td> <td><u>20</u></td> <td><u>brown clay</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>20</u></td> <td><u>38</u></td> <td><u>med to coarse Red & grey sand</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>38</u></td> <td><u>40</u></td> <td><u>shale</u></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	<u>0</u>	<u>10</u>	<u>top soil</u>				<u>10</u>	<u>20</u>	<u>brown clay</u>				<u>20</u>	<u>38</u>	<u>med to coarse Red & grey sand</u>				<u>38</u>	<u>40</u>	<u>shale</u>			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, <input type="radio"/> reconstructed, or <input type="radio"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>6/2/89</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>226</u> This Water Well Record was completed on (mo/day/yr) <u>6/2/89</u> under the business name of <u>Kuer Water Well Drilling</u> by (signature) <u>[Signature]</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, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.																																							