

1 LOCATION OF WATER WELL: Fraction <u>NE 1/4 NE 1/4 NW 1/4</u> Section Number <u>10</u> Township Number <u>T 12 S</u> Range Number <u>R 29 E (W)</u>

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

5 north and 2 west of Grove, KS

2 WATER WELL OWNER: <u>Geraldine Shaw</u> RR#, St. Address, Box # : <u>P.O. Box 134</u> City, State, ZIP Code : <u>Graingerfield, KS 67737</u>	Board of Agriculture, Division of Water Resources Application Number: <u>14267</u>
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>126</u> ft. ELEVATION: _____
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Depth(s) Groundwater Encountered _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL 90 ft. below land surface measured on mo/day/yr _____

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield 125 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

WELL WATER TO BE USED AS:

1 Domestic	3 Feedlot	5 Public water supply	8 Air conditioning	11 Injection well
2 Irrigation	4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
		7 Domestic (lawn & garden)	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 <u>Glued</u> Clamped _____
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1 Steel

2 PVC

Blank casing diameter 15 in. to 96 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 24 in., weight 160 lbs./ft. Wall thickness or gauge No. SDR210

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	11 Other (Specify) _____
				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) _____	ft.

SCREEN-PERFORATED INTERVALS: From 96 ft. to 126 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 30 ft. to 126 ft., From _____ ft. to _____ ft.

3 RMP (SR)

4 ABS

6 Asbestos-Cement

7 Fiberglass

9 Other (specify below) _____

Welded _____

Threaded _____

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
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Grout Intervals: From 0 ft. to 30 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	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) <u>None</u>
			13 Insecticide storage	

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	topsoil			
5	20	brown clay			
20	47	sand			
47	51	brown clay			
51	68	sand w/ clay layers			
68	80	sand			
80	95	sandstone			
95	106	sand			
106	108	brown clay			
108	124	coarse sand			
124	126	yellow clay			

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) <u>6-6-96</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No <u>489</u> This Water Well Record was completed on (mo/day/yr) <u>6-20-96</u> under the business name of <u>Aqua Pump</u> by (signature) <u>Von M. Smith</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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.