

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Russell		NW ¼ NW ¼ NW ¼	35	T 13 S	R 14 W
Distance and direction from nearest town or city street address of well if located within city? 127 ft S. of Sunset St. & 12 ft E of Front St., Russell					
2 WATER WELL OWNER:		KDHE			
RR#, St. Address, Box # :		1000 SW Jackson St. Ste 410		Board of Agriculture, Division of Water Resources	
City, State, ZIP Code :		Topeka, KS 66612		Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 30 ft. ELEVATION: 1831.74 (TOC)			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 17.60 ft. below land surface measured on mo/day/yr 11-4-05			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter 8.5 in. to 30 ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well			
		1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No X			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		8 Concrete tile	
2 PVC		4 ABS		9 Other (specify below)	
Blank casing diameter 2 in. to 20 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		5 Wrought Iron		CASING JOINTS: Glued _____ Clamped _____	
Casing height above land surface Flushmount in., weight 0.703 lbs./ft. Wall thickness or gauge No. Sch. 40		6 Asbestos-Cement		Welded _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 Fiberglass		Threaded Flush	
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		8 RMP (SR)	
3 Mill slot		6 Concrete tile		11 Other (specify) _____	
4 Key punched		7 Torch cut		9 ABS	
5 Gauzed wrapped		8 Saw cut		12 None used (open hole)	
6 Wire wrapped		9 Drilled holes		11 None (open hole)	
7 Torched		10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From 20 ft. to 30 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 18 ft. to 30 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals From 0.5 ft. to 18 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below) _____	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	25	CH	Clay, silty, soft to firm, moderate to high plasticity, dark brown		
25	30		Clay, Weathered Shale, trace sand, silty, stiff, low to moderate plasticity, green-brown		
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/yr) 11-3-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 11-29-05 under the business name of Geotechnical Services, Inc. by (signature) _____					

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INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.