

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Rush		NW 1/4 SE 1/4 NE 1/4	34	T 16 S	R 17 E/W
Distance and direction from nearest town or city street address of well if located within city? 6 miles east, 5 miles north, 1 mile east, 1/2 mile north of LaCrosse, Kansas					
2 WATER WELL OWNER:		Erma Wood			
RR#, St. Address, Box # :		PO Box 266		Board of Agriculture, Division of Water Resources	
City, State, ZIP Code :		Bison, KS 67520		Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL .....18..... ft. ELEVATION: .....			
<div style="text-align: center;">N -NW- -NE- -SW- -SE- S</div>		Depth(s) Groundwater Encountered ..... ft. 2 ..... ft. 3 ..... ft.			
		WELL'S STATIC WATER LEVEL .....16..... ft. below land surface measured on mo/day/yr .....11/2/04.....			
		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm			
		Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm			
		WELL WATER TO BE USED AS: 1 5 Public water supply 8 Air conditioning 11 Injection well			
		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 .....X.....; If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes X No					
5 TYPE OF BLANK CASING USED: 9					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....					
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....					
7 Fiberglass limestone rock Threaded .....					
Blank casing diameter ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.					
Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No. ....					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 10 Asbestos-Cement					
2 Brass 4 Galvanized Steel 6 Concrete tile 8 RMP (SR) 11 Other (Specify) .....					
9 ABS 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot 5 Guazed 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 ..... ft. to ..... ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....					
Grout Intervals: From ..... ft. to ..... 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)					
13 Insecticide storage					
Direction from well? How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			0	14	Compacted surface silts and clay
			14	15	Expanding Bentonite Seal
			15	18	Sand
<b>RECEIVED</b>					
<b>NOV 29 2004</b>					
<b>BUREAU OF WATER</b>					
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) .....11/2/04..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No .....199..... This Water Well Record was completed on (mo/day/yr) .....11/2/04..... under the business name of Karst Water Well Drilling & Service, Inc. by (signature) <i>Mel Karst</i>					
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.					