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|---------------------------|-----------------------------|----------------|-----------------|---------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: <u>Neosho</u> | <u>SW 1/4 SW 1/4 SW 1/4</u> | <u>13</u> | T <u>16</u> S | R <u>24</u> E |

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

From Ransom, one mile north

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| 2 WATER WELL OWNER: <u>Ronnie Burns</u> | Board of Agriculture, Division of Water Resources |
| RR#, St. Address, Box #: <u>RR#1 Box 180</u> | Application Number: |
| City, State, ZIP Code: <u>Ransom, KS 67572</u> | |

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| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL: <u>85'</u> ft. ELEVATION: |
| | Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL <u>74'</u> ft. below land surface measured on mo/day/yr <u>10-4-93</u> 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 <u>9 7/8"</u> in. to ft., and in. to ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 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? Yes <input checked="" type="checkbox"/> No |

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| 5 TYPE OF BLANK CASING USED: | 5 Wrought iron | 8 Concrete tile | CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped |
| 1 Steel | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) |
| <input checked="" type="checkbox"/> 2 PVC | 4 ABS | 7 Fiberglass | Welded |
| Blank casing diameter <u>5"</u> in. to <u>65'</u> ft., Dia. in. to ft., Dia. in. to ft. | | | Threaded |
| Casing height above land surface <u>14"</u> in., weight lbs./ft. Wall thickness or gauge No. <u>SDR 21</u> | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | <input checked="" type="checkbox"/> 1 PVC | 10 Asbestos-cement | |
| 1 Steel | 3 Stainless steel | 5 Fiberglass | 8 RMP (SR) |
| 2 Brass | 4 Galvanized steel | 6 Concrete tile | 9 ABS |
| SCREEN OR PERFORATION OPENINGS ARE: | 5 Gauzed wrapped | <input checked="" type="checkbox"/> 8 Saw cut | 11 None (open hole) |
| 1 Continuous slot | 3 Mill slot | 6 Wire wrapped | 9 Drilled holes |
| 2 Louvered shutter | 4 Key punched | 7 Torch cut | 10 Other (specify) |
| SCREEN-PERFORATED INTERVALS: From <u>65'</u> ft. to <u>85'</u> ft., From ft. to ft. | | | |
| GRAVEL PACK INTERVALS: From <u>24'</u> ft. to <u>85'</u> ft., From ft. to ft. | | | |

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| 6 GROUT MATERIAL: | 1 Neat cement | 2 Cement grout | <input checked="" type="checkbox"/> 3 Bentonite | 4 Other |
| Grout Intervals: From <u>7'</u> ft. to <u>24'</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 |
| | 2 Sewer lines | 5 Cess pool | 8 Sewage lagoon | 11 Fuel storage |
| | 3 Watertight sewer lines | 6 Seepage pit | 9 Feedyard | 12 Fertilizer storage |
| | | | | 13 Insecticide storage |
| Direction from well? <u>North west</u> | | | | How many feet? <u>100'</u> |

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|--------------------------------|------|----|--------------------|
| 0 | 2 | Topsoil | | | |
| 2 | 8 | Brown clay | | | |
| 8 | 30 | White clay + white rock layers | | | |
| 30 | 52 | Med. sand + white rock layers | | | |
| 52 | 55 | Yellow clay | | | |
| 55 | 80 | Med. sand + shale | | | |

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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10-4-93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>533</u> This Water Well Record was completed on (mo/day/yr) <u>11-35-93</u> under the business name of <u>Santzen Water Well Repair</u> by (signature) <u>[Signature]</u> |
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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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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