

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: SCOTT CO.	1/4 1/4 SE 1/4	25	T 16 S	R 33 E/W

Distance and direction from nearest town or city? **10 M. N. HWY 83 SCOTT 1/4M. NW N. SIDE**

Street address of well if located within city?

2] WATER WELL OWNER: **D & D BUILDERS (MIKE BURNETT)**

RR#, St. Address, Box # : **SCOTT CITY, KS.**

City, State, ZIP Code : **SCOTT CITY, KS.**

Board of Agriculture, Division of Water Resources Application Number:

3] DEPTH OF COMPLETED WELL: **9 7/8** ft. Bore Hole Diameter: **5** in. to **160** ft. and ... in. to ... ft.

Well Water to be used as:

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 11 Injection well
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)
<input type="checkbox"/> 10 Observation well				

Well's static water level: **89** ft. below land surface measured on **9/8/83** month ... day ... year

Pump Test Data : Well water was ... ft. after ... hours pumping. ... gpm

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

4] TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	Casing Joints: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	<input type="checkbox"/> Welded
<input type="checkbox"/> Threaded				

Blank casing dia: **5** in. to **112** ft., Dia ... in. to ... ft., Dia ... in. to ... ft.

Casing height above land surface: **18** in., weight **200** lbs./ft. Wall thickness or gauge No ...

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify)
<input type="checkbox"/> 12 None used (open hole)				

Screen or Perforation Openings Are:

<input type="checkbox"/> 1 Continuous slot	<input checked="" type="checkbox"/> Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
<input type="checkbox"/> 7 Torch cut				
<input type="checkbox"/> 10 Other (specify)				

Screen-Perforation Dia: **5** in. to **40** ft., Dia ... in. to ... ft., Dia ... in. to ... ft.

Screen-Perforated Intervals: From **112** ft. to **152** ft., From ... ft. to ... ft., From ... ft. to ... ft.

Gravel Pack Intervals: From **50** ft. to **152** ft., From ... ft. to ... ft., From ... ft. to ... ft.

5] GROUT MATERIAL: Cement grout

Grouted Intervals: From **3** ft. to **20** ft., From ... ft. to ... ft., From ... ft. to ... ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Cess pool	<input type="checkbox"/> 7 Sewage lagoon	<input type="checkbox"/> 10 Fuel storage	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Seepage pit	<input type="checkbox"/> 8 Feed yard	<input type="checkbox"/> 11 Fertilizer storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Lateral lines	<input type="checkbox"/> 6 Pit privy	<input type="checkbox"/> 9 Livestock pens	<input type="checkbox"/> 12 Insecticide storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 13 Watertight sewer lines				

Direction from well: **NORTH** How many feet: **100** ? Water Well Disinfected? Yes No

Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample was submitted ... month ... day ... year: Pump Installed? Yes No

If Yes: Pump Manufacturer's name ... Model No. ... HP ... Volts ...

Depth of Pump Intake ... ft. Pumps Capacity rated at ... gal./min.

Type of pump: Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6] CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **9/8/83** month ... day ... year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **172**

This Water Well Record was completed on **6/84** month ... day ... year under the business name of **JONAGAN DRILLING CO.** by (signature) *[Signature]*

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	3	TOP SOIL	90	150
	3	9	FINE TO MED SA D & GRAVEL			
	9	13	BROWN CLAY			
	13	14	BROWN SANDY CLAY			
	14	17	GRAY CLAY			
	17	25	WHITE ROCK			
	25	29	BROWN ROCK & BROWN SANDY CLAY			
	29	52	FINE TO MED SAND & GRAVEL			
	52	69	BROWN ROCK AND GRAVEL			
	69	76	FINE TO MED SAND & GRAVEL			
	76	90	BROWN ROCK			

ELEVATION: _____

Depth(s) Groundwater Encountered 1. ... ft. 2. ... ft. 3. ... ft. 4. ... ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.