

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Scott</u>	<u>SE 1/4 SE 1/4 SE 1/4</u>	<u>8</u>	<u>T 16 S</u>	<u>R 34</u> (W)

Distance and direction from nearest town or city? 1 Mile North
1 mile West of Pence, Kansas

Street address of well if located within city?

2 WATER WELL OWNER: Gary Tucker
 RR#, St. Address, Box #: RFD # 3
 City, State, ZIP Code: Scott City, Kansas 67871

Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL... 177... ft. Bore Hole Diameter... 9... in. to... 177... 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"/> 11 Injection well
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 10 Observation well	<input type="checkbox"/> 12 Other (Specify below)

Well's static water level... 150... ft. below land surface measured on... 8... month... 15... day... 1980... year

Pump Test Data: Well water was... 155... ft. after... 4... hours pumping... 30... gpm

Est. Yield 50 gpm: Well water was... ft. after... hours pumping... gpm

4 TYPE OF BLANK CASING USED:

<input type="checkbox"/> 1 Steel	<input checked="" type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	<input checked="" type="checkbox"/> Casing Joints: Glued
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	<input type="checkbox"/> Clamped
		<input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> Welded
				<input type="checkbox"/> Threaded

Blank casing dia... 5... in. to... 157... ft., Dia... in. to... ft., Dia... in. to... ft.

Casing height above land surface... 12... in., weight... 1.75... lbs./ft. Wall thickness or gauge No... 214

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"/> 8 RMP (SR)	<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"/> 9 ABS	<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 type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input checked="" 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... 177... ft., Dia... in. to... ft., Dia... in. to... ft.

Screen-Perforated Intervals: From... 157... ft. to... 177... ft., From... ft. to... ft., From... ft. to... ft.

Gravel Pack Intervals: From... 150... ft. to... 177... ft., From... ft. to... ft., From... ft. to... ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Drill cuttings

Grouted Intervals: From... 15... ft. to... 150... ft., From... 4... ft. to... 15... 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... 3000...? Water Well Disinfected? Yes No

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

If Yes: Pump Manufacturer's name... Red Jacket... Model No... 200TIN1400... HP... 2... Volts... 230

Depth of Pump Intake... 176... ft. Pumps Capacity rated at... 20... gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on... 8... month... 22... day... 1980... year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 232

This Water Well Record was completed on... 8... month... 27... day... 1980... year under the business name of Weishaar Drilling & Supply Inc. by (signature) [Signature]

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	28	Clay	28	45	Gyp
45	50	Clay	50	60	Sand rock
60	120	Fine sand clay streaks	120	132	Clay
132	158	Fine sand	158	175	Sand & gravel
175	177	Yellow clay			

ELEVATION: Depth(s) Groundwater Encountered 1. 150... 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.