

1 LOCATION OF WATER WELL: County: Rush	Fraction SE ¼ SE ¼ SE ¼	Section Number 26	Township Number T 17 S	Range Number R 16 EW
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Distance and direction from nearest town or city street address of well if located within city?

KS Hwy 4 and Main Otis, KS

2 WATER WELL OWNER: Normon Stieben	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: PO Box 258	Application Number:
City, State, ZIP Code: Otis, KS	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 30 ft. ELEVATION:
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N

NW		NE
SW		SE

S

X

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **18.65** ft. below land surface measured on mo/day/yr **3-30-06**

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** 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
2 Irrigation	4 Industrial	7 Lawn and garden (domestic)
		9 Dewatering
		10 Monitoring well
		12 Other (Specify below)

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:	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____
2 PVC	4 ABS	7 Fiberglass	10 Asbestos-cement _____
Blank casing diameter 2 in. to 15 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			11 Other (specify) _____
Casing height above land surface 0 in., weight .716 lbs./ft. Wall thickness or gauge No. .154			12 None used (open hole)
TYPE OF SCREEN OR PERFORATION MATERIAL:	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement _____
1 Steel	3 Stainless steel	9 ABS	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	9 Drilled holes	
2 Louvered shutter	4 Key punched	10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:	From 15 ft. to 30 ft.	From _____ ft. to _____ ft.	
	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:	From 13 ft. to 30 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 0 ft. to 1 ft. From 1 ft. to 13 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
				14 Abandoned water well
				15 Oil well/ Gas well
				16 Other (specify below)
				Contaminated Site

Direction from well?			How many feet?			
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1		Gravel			
1	3		Fat Clay			
3	9		Fill Sand			
9	16		Lean Clay			
16	20		Weather Shale & Limestone			
20	30		Lean Clay			

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) 3-30-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 4-21-06 under the business name of Woofter Pump & Well Inc. by (signature) <i>Normon Stieben</i>
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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 66612-1387. Telephone: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.