

1 LOCATION OF WATER WELL		Fraction	Section Number		Township Number		Range Number	
County: <u>Rush</u>		<u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	<u>34</u>		<u>T 17</u> <u>S</u>		<u>R 18</u> <u>E/W</u>	
Distance and direction from nearest town or city?				Street address of well if located within city?				
				<u>1219 Hargrave, LaCrosse, Kansas</u>				
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources						
RR#, St. Address, Box #		Application Number:						
City, State, ZIP Code								
<u>Parman Green</u>								
<u>1219 Hargrave</u>								
<u>LaCrosse, Kansas 67548</u>								
3 DEPTH OF COMPLETED WELL		ft. Bore Hole Diameter						
<u>40</u>		<u>9</u> in. to						
Well Water to be used as:		11 Injection well						
1 Domestic 3 Feedlot		9 Dewatering 12 Other (Specify below)						
2 Irrigation 4 Industrial		10 Observation well						
Well's static water level		ft. below land surface measured on						
<u>10</u>		<u>March</u> month <u>25</u> day <u>1980</u> year						
Pump Test Data		Well water was						
Est. Yield <u>15</u> gpm		<u>40</u> ft. after <u>1</u> hours pumping <u>15</u> gpm						
4 TYPE OF BLANK CASING USED:		Casing Joints: Glued <u>X</u> Clamped						
1 Steel 3 RMP (SR)		Welded						
2 PVC 4 ABS		Threaded						
Blank casing dia		ft. Dia						
<u>5</u> in. to <u>30</u>		<u>200</u> lbs./ft. Wall thickness or gauge No. <u>.26</u>						
Casing height above land surface		TYPE OF SCREEN OR PERFORATION MATERIAL:						
<u>16</u> in. weight		<u>7</u> <u>7 PVC</u> 10 Asbestos-cement						
TYPE OF SCREEN OR PERFORATION MATERIAL:		11 Other (specify)						
1 Steel 3 Stainless steel		12 None used (open hole)						
2 Brass 4 Galvanized steel		8 Concrete tile 11 None (open hole)						
5 Gauzed wrapped		8 Saw cut						
Screen or Perforation Openings Are:		9 Drilled holes						
1 Continuous slot 3 Mill slot		10 Other (specify)						
2 Louvered shutter 4 Key punched		7 Torch cut						
Screen-Perforation Dia		ft. Dia						
<u>5</u> in. to <u>40</u>		ft. Dia						
Screen-Perforated Intervals:		ft. to						
From <u>12</u> ft. to <u>15</u>		From <u>30</u> ft. to <u>40</u>						
Gravel Pack Intervals:		ft. to						
From <u>30</u> ft. to <u>40</u>		ft. to						
5 GROUT MATERIAL: 1		2 Cement grout 3 Bentonite 4 Other						
Grouted Intervals: From <u>0</u> ft. to <u>10</u>		ft. to						
What is the nearest source of possible contamination:		10 Fuel storage 14 Abandoned water well						
1 Septic tank 4 Cess pool 7 Sewage lagoon		11 Fertilizer storage 15 Oil well/Gas well						
2 Sewer lines 5 Seepage pit 8 Feed yard		12 Insecticide storage 16 Other (specify below)						
3 Lateral lines 6 Pit privy 9 Livestock pens		13 Watertight sewer lines <u>NONE</u>						
Direction from well		How many feet						
Was a chemical/bacteriological sample submitted to Department? Yes		No <u>X</u> If yes, date sample						
was submitted		month day year						
If Yes: Pump Manufacturer's name <u>F & W</u>		Model No. <u>3BA6</u> HP <u>10</u> 1/3 No <u>230</u>						
Depth of Pump Intake <u>37</u> ft.		Pumps Capacity rated at gal./min.						
Type of pump: 1		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						
<u>March</u> month <u>25</u> day <u>1980</u> year								
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>199</u>								
This Water Well Record was completed on <u>July</u> month <u>21</u> day <u>1980</u> year under the business		name of <u>Karst Water Well Service</u>						
by (signature) <u>M.B. Karst</u>								
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG						
FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG						
0 4 Topsoil								
4 11 Clay								
11 12 Rock								
12 32 Clay								
32 37 Sand								
37 40 Blue shale								
ELEVATION: <u>Upland</u>								
Depth(s) Groundwater Encountered 1. <u>11</u> 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.								