

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>McPherson</u>		<u>SW 1/4 SW 1/4 NW 1/4</u>	<u>36</u>	<u>T 17 S</u>	<u>R 2</u>
Distance and direction from nearest town or city street address of well if located within city? <u>4 W + 2 S of Roxbury, Ks.</u>					
2 WATER WELL OWNER: <u>Chester Houghton</u>					
RR#, St. Address, Box # : <u>1430 Briarwood Ln.</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <u>McPherson, Kansas 67460</u>				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>30</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>24</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>24</u> ft. below land surface measured on mo/day/yr <u>4-3-97</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 _____ in. to _____ ft., and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:		5 Public water supply    8 Air conditioning    11 Injection well <input checked="" type="radio"/> 1 Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below) 2 Irrigation    4 Industrial    7 Lawn and garden only    10 Monitoring well			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes _____ No _____					
5 TYPE OF BLANK CASING USED:					
<input checked="" type="radio"/> 1 Steel    3 RMP (SR) <input type="radio"/> 2 PVC    4 ABS		5 Wrought iron    8 Concrete tile 6 Asbestos-Cement    9 Other (specify below)		CASING JOINTS: Glued _____ Clamped _____	
Blank casing diameter <u>6</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input checked="" type="radio"/> 1 Steel    3 Stainless steel    5 Fiberglass    8 RMP (SR) <input type="radio"/> 2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS		10 Asbestos-cement    11 Other (specify) _____ 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot    3 Mill slot 2 Louvered shutter    4 Key punched		5 Gauzed wrapped    8 Saw cut    11 None (open hole) 6 Wire wrapped    9 Drilled holes		7 Torch cut    10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement    2 Cement grout <input checked="" type="radio"/> 3 Bentonite    4 Other _____					
Grout Intervals: From _____ ft. to _____ 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 2 Sewer lines    5 Cess pool    8 Sewage lagoon 3 Watertight sewer lines    6 Seepage pit    9 Feedyard		10 Livestock pens <input checked="" type="radio"/> 14 Abandoned water well 11 Fuel storage    15 Oil well/Gas well 12 Fertilizer storage    16 Other (specify below) _____ 13 Insecticide storage		How many feet? <u>400 ft.</u>	
Direction from well?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>3</u>			<u>30'</u>	<u>12'</u>	<u>chlorinated Sand</u>
			<u>12'</u>	<u>8'</u>	<u>Bentonite</u>
			<u>8'</u>	<u>0</u>	<u>Clay</u>
<u>casing masked closed</u>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or <input checked="" type="radio"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4-3-97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) <u>4-9-97</u> under the business name of <u>R. J. Const</u> by (signature) <u>Chester Houghton</u>					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send two free 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.					