

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County:	Jane	NE 1/4	NE 1/4	SE 1/4	4	T 17	S	R 30	EW

Distance and direction from nearest town or city street address of well if located within city?

1½ miles West ½ mile North of Healy, Kansas

2	WATER WELL OWNER:	J. L. S. Enterprises	
	RR#, St. Address, Box # :	Box 166	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code :	Healy, Kansas 67850	Application Number:

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

1 Mile	W	<div style="display: flex; justify-content: space-around;"> <span>N</span> <span>E</span> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; line-height: 40px;">NW</div> <div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; line-height: 40px;">NE</div> </div>	
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; line-height: 40px;">SW</div> <div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; line-height: 40px;">SE</div> </div>	
		<div style="display: flex; justify-content: space-around;"> <span>S</span> <span>E</span> </div>	

4 DEPTH OF COMPLETED WELL... 175 ft. ELEVATION: \_\_\_\_\_

Depth(s) Groundwater Encountered 1. 116 ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL 116 ft. below land surface measured on mo/day/yr 7/10/86

NA 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... 9 in. to 175 ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
<u>1 Domestic</u>	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Observation well

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No X If yes, mo/day/yr sample was submitted \_\_\_\_\_

Water Well Disinfected? Yes X No \_\_\_\_\_

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: <u>Glued</u>	Clamped
<u>2 PVC</u>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded	
		7 Fiberglass		Threaded	

Blank casing diameter . . . 5 . . . in. to 155 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.

Casing height above land surface . . . 12 . . . in., weight . . . 2.9 . . . lbs./ft. Wall thickness or gauge No. . . 265 . . .

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	<u>7 PVC</u>	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify)
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	<u>8 Saw cut</u>	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS:

From . . . <u>155</u> . . . ft. to . . . <u>175</u> . . . ft.,	From . . . ft. to . . . ft.,	From . . . ft. to . . . ft.,
From . . . ft. to . . . ft.,	From . . . ft. to . . . ft.,	From . . . ft. to . . . ft.,

GRAVEL PACK INTERVALS:

From . . . <del>100</del> <u>100</u> . . . ft. to . . . <u>175</u> . . . ft.,	From . . . ft. to . . . ft.,	From . . . ft. to . . . 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 Drill Cuttings

Grout Intervals: From... 15 ft. to... 100 ft., From... 4 ft. to... 15 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	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? East How many feet? 100

[illegible]

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/year) 7/10/86 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 (mo/day/year) 7/25/86 under the business name of Weishear Drilling & Supply Inc. by (signature) [Signature]

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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.