

<b>1 LOCATION OF WATER WELL:</b>		Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>		Section Number <u>30</u>	Township Number <u>T 17 S</u>	Range Number <u>R 32 EW</u>
County: <u>Scott</u>						
Distance and direction from nearest town or city street address of well if located within city? <u>4 miles North of Scott City, Kansas</u>						
<b>2 WATER WELL OWNER:</b>		<u>Gerald Wiechman</u>		Board of Agriculture, Division of Water Resources		
RR#, St. Address, Box # :		<u>908 Crescent</u>		Application Number:		
City, State, ZIP Code :		<u>Scott City, Kansas 67871</u>				
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL</b> <u>245</u> ft. <b>ELEVATION:</b> .....				
<div style="text-align: center;"><p>1 Mile</p></div>		Depth(s) Groundwater Encountered 1. <u>144</u> ft. 2. .... ft. 3. .... ft.				
		WELL'S STATIC WATER LEVEL <u>144</u> ft. below land surface measured on mo/day/yr <u>9/29/86</u>				
		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... <u>9</u> in. to <u>245</u> 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 9 Dewatering 12 Other (Specify below)				
<u>2 Irrigation</u>		4 Industrial 7 Lawn and garden only 10 Observation well				
Was a chemical/bacteriological sample submitted to Department? Yes.....No. <u>X</u> .....; If yes, mo/day/yr sample was sub- mitted Water Well Disinfected? Yes <u>X</u> No						
<b>5 TYPE OF BLANK CASING USED:</b>		5 Wrought iron 8 Concrete tile CASING JOINTS: <u>Glued</u> Clamped .....				
1 Steel 3 RMP (SR)		6 Asbestos-Cement 9 Other (specify below) Welded .....				
<u>2 PVC</u> 4 ABS		7 Fiberglass Threaded .....				
Blank casing diameter .... <u>5</u> in. to <u>205</u> ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.						
Casing height above land surface... <u>12</u> in., weight <u>2.9</u> lbs./ft. Wall thickness or gauge No. <u>265</u>						
TYPE OF SCREEN OR PERFORATION MATERIAL:		<u>7 PVC</u> 10 Asbestos-cement				
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) .....		2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)				
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped <u>8 Saw cut</u> 11 None (open hole)				
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes		2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....				
SCREEN-PERFORATED INTERVALS: From <u>205</u> ft. to <u>245</u> ft., From .... ft. to .... ft.						
GRAVEL PACK INTERVALS: From <u>140</u> ft. to <u>245</u> ft., From .... ft. to .... ft.						
From .... ft. to .... ft., From .... ft. to .... ft.						
<b>6 GROUT MATERIAL:</b>		<u>1 Neat cement</u> 2 Cement grout 3 Bentonite <u>4 Other Drill cuttings</u>				
Grout Intervals: From <u>15</u> ft. to <u>140</u> ft., From <u>4</u> ft. to <u>15</u> ft., From .... ft. to .... ft.						
What is the nearest source of possible contamination:						
<u>1 Septic tank</u> 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? <u>East</u>		How many feet? <u>75</u>				
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
0	74	Clay	74	90	Clay caliche streaks	
90	103	Fine sand clay streaks	103	120	Caliche	
120	127	Fine sand	127	134	Sand cemented	
134	144	Sand	144	150	Sand cemented	
150	155	Sand	155	162	Sand cemented	
162	168	Sand	168	170	Sand cemented	
170	203	Fine sand Clay streaks	203	211	Sand	
211	220	Clay	220	223	Sand	
223	235	Clay sandy	235	237	Clay	
237	241	Sand	241	243	Yellow clay	
243	245	Shale				
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) .... <u>10/2/86</u> .... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <u>232</u> .... This Water Well Record was completed on (mo/day/yr) <u>10/14/86</u> under the business name of <u>Weishaar Drilling &amp; Supply Inc.</u> by (signature) <u>[Signature]</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 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.						

OFFICE USE ONLY

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