

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <b>Scott</b>	<b>SE</b> ¼ <b>SW</b> ¼ <b>SW</b> ¼	<b>17</b>	<b>T 18 S</b>	<b>R 33 E/W</b>

Distance and direction from nearest town or city? **5 miles west of Scott City, Kansas**

Street address of well if located within city?

2 WATER WELL OWNER: **J. Murray**

RR#. St. Address, Box # : \_\_\_\_\_

City, State, ZIP Code : **Scott City, Kansas 67871**

Board of Agriculture, Division of Water Resources  
Application Number: \_\_\_\_\_

3 DEPTH OF COMPLETED WELL: **130** ft. Bore Hole Diameter: **9** in. to **130** ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Well Water to be used as:

1 Domestic	3 Feedlot	6 Oil field water supply	9 Dewatering	11 Injection well
2 Irrigation	4 Industrial	7 Lawn and garden only	10 Observation well	<b>12 Other (Specify below)</b>

**Stockwell**

Well's static water level: **100** ft. below land surface measured on \_\_\_\_\_ month **30** day **1980** year

Pump Test Data: **NA** Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Est. Yield: \_\_\_\_\_ gpm Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

4 TYPE OF BLANK CASING USED:

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

Blank casing dia: **5** in. to **110** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface: **12** in., weight **1.8** lbs./ft. Wall thickness or gauge No. **250**

TYPE OF SCREEN OR PERFORATION MATERIAL:

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

Screen or Perforation Openings Are:

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

Screen-Perforation Dia: **5** in. to **130** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Screen-Perforated Intervals: From **110** ft. to **130** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel Pack Intervals: From **100** ft. to **130** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

5 GROUT MATERIAL: **1 Neat cement** 2 Cement grout 3 Bentonite **4 Other Drill cuttings**

Grouted Intervals: From **15** ft. to **100** ft., From **0** ft. to **15** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

<b>1 Septic tank</b>	4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well
2 Sewer lines	5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well
3 Lateral lines	6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below)
			13 Watertight sewer lines	

Direction from well: **South** How many feet: **150** ? Water Well Disinfected: **Yes** No

Was a chemical/bacteriological sample submitted to Department? Yes **No** If yes, date sample was submitted \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year Pump Installed? Yes **No**

If Yes: Pump Manufacturer's name \_\_\_\_\_ Model No. \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_

Depth of Pump Intake \_\_\_\_\_ ft. Pumps Capacity rated at \_\_\_\_\_ gal./min.

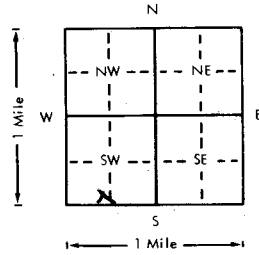
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

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 \_\_\_\_\_ month **30** day **1980** year

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 \_\_\_\_\_ month **8** day **1980** year under the business name of **Weishaar Drilling & Supply Inc.** by (signature) \_\_\_\_\_

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG	FROM		TO		LITHOLOGIC LOG
		0	27	27	42	Clay	27	42	42	55
	42	50	50	55	Clay	50	55	55	87	Rock
	55	67	67	87	Fine sand	67	87	87	100	Sand rock
	87	90	90	100	Fine sand	90	100	100	125	Sand rock
	100	115	115	125	Sand Meduim	115	125	125	130	Sand rock
	125	127	127	130	Sand	127	130	130		clay yellow



ELEVATION: \_\_\_\_\_

Depth(s) Groundwater Encountered: 1. **100** 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.