

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Rice</u>		<u>SE 1/4 NE 1/4 NW 1/4</u>	<u>31</u>	T <u>18</u> S	R <u>6</u> W
Distance and direction from nearest town or city? <u>3 mi N. of 1/2 mi. West of Little River, KS.</u>			Street address of well if located within city?		

2 WATER WELL OWNER: Elmer Beckne
 RR#, St. Address, Box #: RT. 1
 City, State, ZIP Code: Buckton, Ks.

Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: 30 ft. Bore Hole Diameter: 8 in. to 30 ft., and _____ in. to _____ ft.

Well Water to be used as:

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 5 Public water supply	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 11 Injection well
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 9 Dewatering	<input checked="" type="checkbox"/> Other (Specify below) <u>stock well</u>
		<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 10 Observation well	

Well's static water level: 8 ft. below land surface measured on May month 5 day 1981 year

Pump Test Data
 Est. Yield 2-3 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Well water was 25 ft. after 1 hours pumping 4 gpm

4 TYPE OF BLANK CASING USED:

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

Blank casing dia 5 in. to 11 ft., Dia 5 in. to 30 ft., Dia _____ in. to _____ ft.

Casing height above land surface 12 in., weight 2.37 lbs./ft. Wall thickness or gauge No 214

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify)
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 12 None used (open hole)

Screen or Perforation Openings Are:

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

Screen-Perforation Dia 5 in. to 17 ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals:

From <u>11</u> ft. to <u>17</u> ft.	From _____ ft. to _____ ft.
From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

Gravel Pack Intervals:

From <u>30</u> ft. to <u>10</u> ft.	From _____ ft. to _____ ft.
From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

5 GROUT MATERIAL:

<input checked="" type="checkbox"/> 1 Neat cement	<input type="checkbox"/> 2 Cement grout	<input type="checkbox"/> 3 Bentonite	<input type="checkbox"/> 4 Other
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Grouted Intervals: From 10 ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Cess pool	<input type="checkbox"/> 7 Sewage lagoon	<input type="checkbox"/> 10 Fuel storage	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Seepage pit	<input type="checkbox"/> 8 Feed yard	<input type="checkbox"/> 11 Fertilizer storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Lateral lines	<input type="checkbox"/> 6 Pit privy	<input type="checkbox"/> 9 Livestock pens	<input type="checkbox"/> 12 Insecticide storage	<input type="checkbox"/> 16 Other (specify below)
			<input type="checkbox"/> 13 Watertight sewer lines	<u>None</u>

Direction from well _____ How many feet _____ ? 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 5 day 1981 year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 209 138

This Water Well Record was completed on _____ month _____ day _____ year under the business name of Peterson Irrigation Inc. by (signature) [Signature] _____

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Top soil			
3	8	Brown clay			
8	10	Loose sandstone			
10	11	Creek gravel			
11	13	Sandy clay			
13	14	Sandstone			
14	20	Sandy clay + sandstone layers			
20	30	Grey shale			

ELEVATION:

Depth(s) Groundwater Encountered 1 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.