

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Mepherson</u>	<u>NW 1/4 NW 1/4 NW 1/4</u>	<u>20</u>	T <u>19</u> S	R <u>2</u> EW

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

2 W 1 N Galva

2 WATER WELL OWNER: <u>Bryon Hoehn</u>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <u>RR 4 Box 11</u>	Application Number:
City, State, ZIP Code: <u>Mepherson, KS 67460</u>	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>73</u> ft. ELEVATION:
	Depth(s) Groundwater Encountered 1. <u>45</u> ft. 2. <u>60</u> ft. 3. <u>11-18-86</u> ft. WELL'S STATIC WATER LEVEL <u>21</u> ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>5</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>9</u> in. to <u>73</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 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 Observation well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <u>X</u> No

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____
2 PVC	4 ABS	7 Fiberglass	_____
Blank casing diameter <u>5</u> in. to <u>45</u> ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft.			
Casing height above land surface <u>12</u> in., weight <u>Class 160</u> lbs./ft. Wall thickness or gauge No. <u>214</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:	7 PVC	10 Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	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>45</u> ft. to <u>73</u> ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>13</u> ft. to <u>73</u> ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
Grout intervals: From <u>3</u> ft. to <u>13</u> 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
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/Gas well
Direction from well? <u>E</u>			13 Insecticide storage	16 Other (specify below) _____
			How many feet? <u>100 +</u>	

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>0</u>	<u>45</u>	<u>Yellow Clay</u>			
<u>45</u>	<u>60</u>	<u>fine Sandy Clay</u>			
<u>60</u>	<u>73</u>	<u>Red Clay</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11-18-86</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>180</u> This Water Well Record was completed on (mo/day/yr) <u>11-25-86</u> under the business name of <u>Backhus Drilling</u> by (signature) <u>Paul Backhus</u>
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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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.