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|--|--|-----------------------------|---|--|---------------------------|
| 1 LOCATION OF WATER WELL | | Fraction <u>SE</u> | Section Number <u>29</u> | Township Number <u>T 19 S</u> | Range Number <u>R 4 E</u> |
| County: <u>McPherson</u> | | <u>NE 1/4 SE 1/4 SW 1/4</u> | | | |
| Distance and direction from nearest town or city? <u>1/4 South of Conway, Mo.</u> | | | Street address of well if located within city? | | |
| 2 WATER WELL OWNER: <u>None. Petroleum</u> | | | | | |
| RR#, St. Address, Box # : <u>Box 181</u> | | | Board of Agriculture, Division of Water Resources | | |
| City, State, ZIP Code : <u>McPherson, Mo. 67460</u> | | | Application Number: | | |
| 3 DEPTH OF COMPLETED WELL: <u>100</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>100</u> ft., and _____ in. to _____ ft. | | | | | |
| Well Water to be used as: | | | | | |
| 1 Domestic | | 3 Feedlot | | 5 Public water supply | |
| 2 Irrigation | | 4 Industrial | | 6 Oil field water supply | |
| | | 7 Lawn and garden only | | 8 Air conditioning | |
| | | | | 9 Dewatering | |
| | | | | 11 Injection well | |
| | | | | 12 Other (Specify below) | |
| Well's static water level: <u>39</u> ft. below land surface measured on <u>2</u> month <u>6</u> day <u>80</u> year | | | | | |
| Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm | | | | | |
| Est. Yield: <u>NA</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm | | | | | |
| 4 TYPE OF BLANK CASING USED: | | | | | |
| 1 Steel | | 3 RMP (SR) | | 5 Wrought iron | |
| 2 PVC | | 4 ABS | | 6 Asbestos-Cement | |
| | | | | 7 Fiberglass | |
| | | | | 9 Other (specify below) | |
| | | | | Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____ | |
| | | | | Welded _____ | |
| | | | | Threaded _____ | |
| Blank casing dia: <u>4 1/2</u> in. to <u>50</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. | | | | | |
| Casing height above land surface: <u>24</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>13.7</u> | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | |
| 1 Steel | | 3 Stainless steel | | 5 Fiberglass | |
| 2 Brass | | 4 Galvanized steel | | 6 Concrete tile | |
| | | | | 8 RMP (SR) | |
| | | | | 9 ABS | |
| | | | | 10 Asbestos-cement | |
| | | | | 11 Other (specify) | |
| | | | | 12 None used (open hole) | |
| Screen or Perforation Openings Are: | | | | | |
| 1 Continuous slot | | 3 Mill slot | | 5 Gauzed wrapped | |
| 2 Louvered shutter | | 4 Key punched | | 6 Wire wrapped | |
| | | | | 7 Torch cut | |
| | | | | 8 Saw cut | |
| | | | | 11 None (open hole) | |
| Screen-Perforation Dia: <u>4 1/2</u> in. to <u>100</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. | | | | | |
| Screen-Perforated Intervals: From <u>50</u> ft. to <u>100</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. | | | | | |
| Gravel Pack Intervals: From <u>20</u> ft. to <u>100</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. | | | | | |
| 5 GROUT MATERIAL: <input checked="" type="radio"/> Neat cement 2 Cement grout 3 Bentonite 4 Other _____ | | | | | |
| Grouted Intervals: From <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. | | | | | |
| What is the nearest source of possible contamination: | | | | | |
| 1 Septic tank | | 4 Cess pool | | 7 Sewage lagoon | |
| 2 Sewer lines | | 5 Seepage pit | | 8 Feed yard | |
| 3 Lateral lines | | 6 Pit privy | | 9 Livestock pens | |
| | | | | 10 Fuel storage | |
| | | | | 11 Fertilizer storage | |
| | | | | 12 Insecticide storage | |
| | | | | 13 Watertight sewer lines | |
| | | | | 14 Abandoned water well | |
| | | | | 15 Oil well/Gas well | |
| | | | | 16 Other (specify below) | |
| Direction from well: <u>South east</u> How many feet: <u>150</u> ? Water Well Disinfected? Yes <u>HTH</u> No | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year | | | | | |
| Pump Installed? Yes _____ No <input checked="" type="checkbox"/> 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 <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year | | | | | |
| and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>134</u> | | | | | |
| This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Rosenkrantz - Bernis</u> by (signature) <u>Iredia Rodson</u> | | | | | |
| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | FROM TO LITHOLOGIC LOG | | FROM TO LITHOLOGIC LOG | |
| | | 0 3 top soil | | 70 71 soft green shale | |
| | | 3 23 clay | | 71 73 green red shale | |
| | | 23 26 green shale | | 73 75 soft green shale | |
| | | 26 30 red + green shale | | 75 100 hard red + green shale | |
| | | 30 38 red shale | | | |
| | | 38 42 red + green shale | | | |
| | | 42 46 red shale | | | |
| | | 46 48 green shale | | | |
| | | 48 56 red shale | | | |
| | | 56 62 green shale | | | |
| ELEVATION: 63 70 red green shale | | | | | |
| Depth(s) Groundwater Encountered 1. <u>36</u> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed) | | | | | |

OFFICE USE ONLY

T

19

R

4

E

SEC

29

NE 1/4 NE 1/4 SW 1/4

1/4