

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Greeley</u>	<u>SE</u> 1/4 <u>NE</u> 1/4 <u>NE</u> 1/4	<u>23</u>	<u>T</u> <u>19</u> <u>S</u>	<u>R</u> <u>43</u> <u>EW</u>

Distance and direction from nearest town or city? 15 miles West
5 South of Tribune, Kansas

Street address of well if located within city?

2 WATER WELL OWNER: Joe Govert

RR#, St. Address, Box #: _____

City, State, ZIP Code: Tribune, Kansas 67879

Board of Agriculture, Division of Water Resources
 Application Number: _____

3 DEPTH OF COMPLETED WELL: 95 ft. Bore Hole Diameter: 9 in. to 95 ft., and _____ in. to _____ ft.

Well Water to be used as:

<input checked="" type="checkbox"/> 1 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 type="checkbox"/> 12 Other (Specify below)
	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 10 Observation well		

Well's static water level: 82 ft. below land surface measured on 11 month 28 day 1979 year

Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:

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

Blank casing dia: 5 in. to 85 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:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> 7 PVC	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input checked="" type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify)
			<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 type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input checked="" 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 95 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From 85 ft. to 95 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From 75 ft. to 95 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 75 ft., From 4 ft. to 15 ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<input checked="" 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	

Direction from well: Northwest How many feet: 2600 ? 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 11 month 29 day 1979 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 12/ month 4 day 1979 year under the business name of Weishaar Drilling & Supply Inc. by (signature) [Signature]

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG	FROM		TO		LITHOLOGIC LOG
		0	17	17	37	Clay	17	37	37	72
		37	62	62	Sand	62	72	72	93	Clay
		72	91	91	Sand & gravel	91	93	93	95	Rock
		93	95		Yellow clay					

7090 3815

ELEVATION: _____

Depth(s) Groundwater Encountered 1. 82 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.

OFFICE USE ONLY
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19
R
43
EW
SEC
23
SE 1/4
NE 1/4
NE 1/4
NE 1/4