

1 LOCATION OF WATER WELL:		Fraction	Township Number	Range Number
County: <u>MCPHERSON</u>		<u>SE ¼ NE ¼ SW ¼</u>	<u>24 T 19 S</u>	R <u>SW EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>9 miles West of MCPHERSON on Hwy 56 RW-8</u>				
2 WATER WELL OWNER:				
RR#, St. Address, Box # : City, State, ZIP Code :		Board of Agriculture, Division of Water Resources Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 25 ft. ELEVATION:		
N W E S X SE		Depth(s) Groundwater Encountered 1. <u>14</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>10</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>8</u> in. to _____ ft., and _____ in. to _____ ft.		
		WELL WATER TO BE USED AS: 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 Monitoring well Recovery Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____. If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No _____. Casing Joints: Glued _____ Clamped _____ Welded _____ Threaded _____		
5 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter <u>4</u> in. to <u>D-10</u> ft., Dia. <u>4</u> in. to <u>20-25</u> ft., Dia. _____ in. to _____ ft. Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____				
TYPE OF SCREEN OR PERFORATION MATERIAL:				
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ 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 <u>.01</u> 7 Torch cut 10 Other (specify) _____				
SCREEN-PERFORATED INTERVALS: From <u>10</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.				
<u>Sand 20/40 GRAVEL PACK INTERVALS:</u> From <u>8</u> ft. to <u>25</u> ft., From _____ ft. to _____ ft.				
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>Bentonite</u>				
Grout Intervals: From <u>4</u> ft. to <u>6</u> ft., From <u>0</u> ft. to <u>4</u> ft., From <u>6</u> ft. to <u>8</u> ft.				
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____ Direction from well? How many feet?				
LITHOLOGIC LOG			PLUGGING INTERVALS	
FROM	TO	LITHOLOGIC LOG	FROM	TO
0	6	Brown Clay		
6	14	Tan Clay		
14	25	Grey Red Shale		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6-27-96</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>407</u> This Water Well Record was completed on (mo/day/yr) <u>6-30-96</u> under the business name of <u>Pank Mountain Systems</u> by signature <u>[Signature]</u>				
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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.				