

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Rice</u>	<u>SE 1/4 SE 1/4 SE 1/4</u>	<u>8</u>	<u>T 19 S</u>	<u>R 8 #W</u>

Distance and direction from nearest town or city? West edge of Lyons - 6 N West side Street address of well if located within city?

2 WATER WELL OWNER: John Cook
 RR#, St. Address, Box #: Rt. 3
 City, State, ZIP Code: Lyons, Mo. 67554
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: 60 ft. Bore Hole Diameter: 1 1/4 in. to 60 ft., and _____ in. to _____ ft.
 Well Water to be used as:
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Well's static water level: 18 ft. below land surface measured on _____ month 10 day 80 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:
 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 PVC 4 ABS 7 Fiberglass _____ Threaded _____
 Blank casing dia: 6 1/2 in. to 40 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 18 in., weight _____ lbs./ft. Wall thickness or gauge No. 280

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are:
 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia: 6 1/2 in. to 40 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 40 ft. to 40 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 10 ft. to 60 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 0 ft. to 10 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well
 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below)
 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines
 Direction from well: SE How many feet: 125 ? Water Well Disinfected? Yes H.T.H. 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 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month 10 day 80 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134
 This Water Well Record was completed on _____ month 31 day 80 year under the business name of Rosenkrantz-Bemis by (signature) Lora Dodson

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	Hard brown clay			
8	22	Rock rusty sand			
22	36	Red Clay			
36	40	Shale			
40	60	Sand rock			
60		fine clay			

ELEVATION:

Depth(s) Groundwater Encountered 1. 18 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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EWC
SEC.
SE 1/4
SE 1/4
SE 1/4
SE 1/4