

LOCATION OF WATER WELL County: <u>Scott</u>	Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>	Section Number <u>14</u>	Township Number T <u>20</u> S	Range Number R <u>33</u> <u>EW</u>
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Distance and direction from nearest town or city? 1/2 S, 1/2 W of Scott City intersection Street address of well if located within city?

2 WATER WELL OWNER: Albert Dague  
 RR#, St. Address, Box #: RFD 2 Scott City, Ks 67871  
 City, State, ZIP Code

Board of Agriculture, Division of Water Resources  
 Application Number: 9867

3 DEPTH OF COMPLETED WELL. 185 ft. Bore Hole Diameter 20 in. to 185 ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Well Water to be used as:

1 Domestic	3 Feedlot	6 Oil field water supply	9 Dewatering	11 Injection well
2 Irrigation	4 Industrial	7 Lawn and garden only	10 Observation well	12 Other (Specify below)

Well's static water level 10.3 ft. below land surface measured on Jan month 20 day 89 year

Pump Test Data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield 300 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

4 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 _____
		7 Fiberglass		Threaded _____

Blank casing dia 12 in. to 145 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface 12 in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. .188

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)

Screen or Perforation Openings Are:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify)	

Screen-Perforation Dia 12 in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Screen-Perforated Intervals: From 145 ft. to 185 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel Pack Intervals: From bottom of grout ft. to 185 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Well grouted by owner

Grouted Intervals: From \_\_\_\_\_ ft. to \_\_\_\_\_ 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	11 Fertilizer storage	14 Abandoned water well
2 Sewer lines	5 Seepage pit	8 Feed yard	12 Insecticide storage	15 Oil well/Gas well
3 Lateral lines	6 Pit privy	9 Livestock pens	13 Watertight sewer lines	16 Other (specify below)

Direction from well N How many feet 100? Water Well Disinfected? Yes \_\_\_\_\_ No X

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No X If yes, date sample was submitted \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year: Pump Installed? Yes X No \_\_\_\_\_

If Yes: Pump Manufacturer's name Layne + Bowler (used) Model No. \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_

Depth of Pump Intake 183 ft. Pumps Capacity rated at 500 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 Jan month 25 day 1984 year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. \_\_\_\_\_

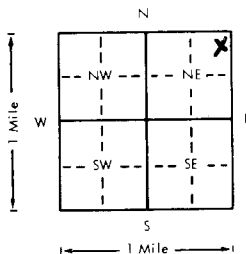
This Water Well Record was completed on Jan month 25 day 1984 AD year under the business name of Whinery Well Drilling by (signature) John Whinery

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG

Lost well Logs

ELEVATION:



Depth(s) Groundwater Encountered 1. \_\_\_\_\_ 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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