

1 LOCATION OF WATER WELL  
 County: Scott Fracture: NW Section Number: 15 Township Number: T 20 S Range Number: R 34 **(EW)**  
 Distance and direction from nearest town or city? 11 Miles South Street address of well if located within city?  
8 miles West of Scott City, Kansas

2 WATER WELL OWNER: Berl Minnix Board of Agriculture, Division of Water Resources  
 RR#, St. Address, Box #: RFD # 2 Application Number:  
 City, State, ZIP Code: Scott City, Kansas 67871

3 DEPTH OF COMPLETED WELL... 127... ft. Bore Hole Diameter... 9... in. to... 127... ft., and... in. to... ft.  
 Well Water to be used as:  
 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering **12 Other (Specify below)**  
Stockwell  
 Well's static water level... 114... ft. below land surface measured on... 10... month... 20... day... 1980... year  
 Pump Test Data NA : Well water was... ft. after... hours pumping... gpm  
 Est. Yield 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... 5... in. to... 114... ft., Dia... in. to... ft., Dia... in. to... ft.  
 Casing height above land surface... 12... in., weight... 1.75... lbs./ft. Wall thickness or gauge No. 214  
 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)  
 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... 5... in. to... 127... ft., Dia... in. to... ft., Dia... in. to... ft.  
 Screen-Perforated Intervals: From... 114... ft. to... 127... ft., From... ft. to... ft.  
 Gravel Pack Intervals: From... 100... ft. to... 127... 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... 100... ft., From... 0... ft. to... 15... ft., From... ft. to... ft.  
 What is the nearest source of possible contamination:  
**1 Septic tank** 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)  
 13 Watertight sewer lines  
 Direction from well... East... How many feet... 300... ? 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... Cylinder... Model No... HP... Volts...  
 Depth of Pump Intake... 125... ft. Pumps Capacity rated at... 4... 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... 10... month... 21... day... 1980... 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... 10... month... 28... day... 1980... year under the business  
 name of Weishaar Drilling & Supply Inc. by (signature) *[Signature]*

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	29	Clay	29	42	Gyp
42	49	Sand rock	49	82	Fine sand
82	119	Sand	119	123	Fine sand
123	127	Yellow Clay			

ELEVATION:

Depth(s) Groundwater Encountered 1... 114... 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  
 T  
 90  
 34  
 SEC.  
 15  
 NW 1/4  
 NE 1/4  
 SE 1/4