

## Division of Water Resources App. No.

1	LOCATION OF WATER WELL: County: <u>McPherson</u>	Fraction: <u>1/4 SW 1/4 NE 1/4 SE 1/4</u>	Section Number <u>17</u>	Township No. T <u>21</u> S	Range Number R <u>4</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> <u>Corner of field off 8th Ave south &amp; Bolzer Drive</u>			Global Positioning System (GPS) information: Latitude: <u>38.22235</u> (in decimal degrees) Longitude: <u>97.78036</u> (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2	WATER WELL OWNER: <u>USDA - Steve Gilmore</u> RR#, Street Address, Box #: <u>Stop 0513 Room 4714-S</u> City, State, ZIP Code: <u>1400 Independence Ave, SW</u> <u>Washington, DC 20250-0513</u>				

3 LOCATE WELL WITH AN "X" IN SECTION BOX:  
N

---	NW	---	NE	---
---	SW	---	SE	---

W E

S  
|-----| mile |-----|

4 DEPTH OF COMPLETED WELL ..... 70 ..... ft.  
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.  
 WELL'S STATIC WATER LEVEL..... 17.15 ..... ft. below land surface measured on mo/day/yr. 9/15/11.....  
 Pump test data: Well water was..... ft. after..... hours pumping..... gpm  
 EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm  
 Bore Hole Diameter ..... 8 ..... in. to 70 ..... ft., and ..... in. to ..... ft.  
 WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well  
☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below)  
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☒ Monitoring well .....  
 Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No  
 If yes, mo/day/yr sample was submitted.....  
 Water well disinfected? ☐ Yes ☒ No

5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other \_\_\_\_\_  
CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☒ Threaded  
Casing diameter ..... 1 ..... in. to ..... 60 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface ..... -1.5 ..... in., Weight ..... 33 ..... lbs./ft., Wall thickness or gauge No. ..... SCH 40 .....  
TYPE OF SCREEN OR PERFORATION MATERIAL:  
☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify) \_\_\_\_\_  
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)  
SCREEN OR PERFORATION OPENINGS ARE:  
☐ Continuous slot ☒ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)  
☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify) \_\_\_\_\_  
SCREEN-PERFORATED INTERVALS: From ..... 60 ..... ft. to ..... 70 ..... ft., From ..... ft. to ..... ft.  
From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
GRAVEL PACK INTERVALS: From ..... 58 ..... ft. to ..... 70 ..... ft., From ..... ft. to ..... ft.  
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other \_\_\_\_\_  
Grout Intervals: From 2.5 ft. to 58 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
What is the nearest source of possible contamination:  
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below) \_\_\_\_\_  
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well \_\_\_\_\_  
☐ Watertight sewer lines ☐ Seepage pit ☒ Feedyard ☒ Fertilizer storage ☐ Oil well/gas well \_\_\_\_\_  
Direction from well \_\_\_\_\_ Distance from well \_\_\_\_\_

[illegible]

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 8/26/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 597 This Water Well Record was completed on (mo/day/year) 9/21/11 under the business name of Boart Longyear Company by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.