

1 LOCATION OF WATER WELL: County: <u>McPherson</u>		Fraction <u>NE ¼ NE ¼ NW ¼</u>	Section Number <u>13</u>	Township Number T <u>21</u> S	Range Number R <u>5 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2.5 W of Inman, Ks.</u>					
2 WATER WELL OWNER: <u>Ronald L. Stucky</u> RR#, St. Address, Box #: <u>Rt. 2, Box 109</u> City, State, ZIP Code: <u>Inman, Ks. 67546</u>				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: <u>29</u> ft. ELEVATION: _____ ft.			
		Depth(s) Groundwater Encountered <u>none</u> ft. below land surface measured on mo/day/yr <u>3/5/94</u>			
		WELL'S STATIC WATER LEVEL <u>none</u> ft. below land surface measured on mo/day/yr <u>3/5/94</u>			
		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: _____ in. to _____ ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>			
5 TYPE OF BLANK CASING USED:					
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 2 PVC <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 4 ABS		<input type="checkbox"/> 5 Wrought iron <input checked="" type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____ <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 9 Other (specify below) _____ Welded _____ Threaded _____	
Blank casing diameter <u>3.8</u> in. to <u>20</u> ft. Dia. <u>8</u> in. to <u>29</u> ft. Dia. _____ in. to _____ ft.					
Casing height above land surface <u>5 ft. Below</u> in., weight after plugging _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 2 Brass <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 4 Galvanized steel		<input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 7 PVC <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 9 ABS		<input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) <u>NA</u> <input type="checkbox"/> 12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 7 Torch cut		<input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify) <u>NA</u> <input type="checkbox"/> 11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
<input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____		Grout Intervals: From <u>29</u> ft. to <u>19</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input checked="" type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 13 Insecticide storage Direction from well? <u>North</u> How many feet? <u>25 ft.</u>			
FROM		TO		LITHOLOGIC LOG	
FROM		TO		PLUGGING INTERVALS	
19 ft.		29 ft.		Bentonite	
0 ft.		19 ft.		Compacted Clay	
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>3/5/94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>1500</u> This Water Well Record was completed on (mo/day/year) <u>3/8/94</u> under the business name of <u>N/A</u> by (signature) <u>Ronald L. Stucky</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.