

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Harvey</u>		<u>NW 1/4 NW 1/4 NE 1/4</u>	<u>26</u>	T <u>23</u> S	R <u>3</u> EW
Distance and direction from nearest town or city? <u>2 1/2 mi. E of Burton</u>			Street address of well if located within city?		

2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <u>A42</u>		Application Number:
City, State, ZIP Code: <u>Burton, KS 67020</u>		

3 DEPTH OF COMPLETED WELL: <u>57</u> ft. Bore Hole Diameter: <u>10</u> in. to <u>58</u> ft., and _____ in. to _____ ft.	
Well Water to be used as:	5 Public water supply 8 Air conditioning 11 Injection well <input checked="" type="radio"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
Well's static water level: <u>28</u> ft. below land surface measured on _____ month <u>4</u> day <u>81</u> year	
Pump Test Data: Well water was <u>31</u> ft. after <u>1</u> hours pumping <u>20</u> gpm	
Est. Yield <u>40</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm	

4 TYPE OF BLANK CASING USED:		Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____
1 Steel 3 RMP (SR) <input checked="" type="radio"/> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass Welded _____ Threaded _____		
Blank casing dia: <u>6</u> in. to <u>47</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		
Casing height above land surface: <u>12</u> in., weight <u>3.35</u> lbs./ft. Wall thickness or gauge No. <u>160</u>		
TYPE OF SCREEN OR PERFORATION MATERIAL:		
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)		
Screen or Perforation Openings Are:		
1 Continuous slot <input checked="" type="radio"/> 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: <u>6</u> in. to <u>57</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		
Screen-Perforated Intervals: From <u>47</u> ft. to <u>57</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.		
Gravel Pack Intervals: From <u>40</u> ft. to <u>58</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.		

5 GROUT MATERIAL:		3 Bentonite 4 Other _____
Grouted Intervals: From <u>4</u> ft. to <u>14</u> ft., From <u>21</u> ft. to <u>27</u> ft., From _____ ft. to _____ ft.		
What is the nearest source of possible contamination:		
<input checked="" type="radio"/> 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: <u>S</u> How many feet <u>70</u> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No		
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes <input checked="" type="checkbox"/> No		
If Yes: Pump Manufacturer's name: <u>Aermotor</u> Model No. <u>SD-12-33</u> HP <u>1/3</u> Volts <u>210</u>		
Depth of Pump Intake <u>40</u> ft. Pumps Capacity rated at <u>12</u> gal./min.		
Type of pump: <input checked="" type="radio"/> Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____		

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month <u>15</u> day <u>81</u> year _____	
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>382</u>	
This Water Well Record was completed on _____ month <u>5</u> day <u>82</u> year _____	
name of <u>Miller Water Well</u> by (signature) <u>Egan Miller</u>	

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	<u>0</u>	<u>8</u>	<u>Br Sandy Silt</u>			
	<u>8</u>	<u>21</u>	<u>S+G</u>			
	<u>21</u>	<u>27</u>	<u>Gr + Rust Clay</u>			
	<u>27</u>	<u>32</u>	<u>F-C Sand</u>			
	<u>32</u>	<u>33</u>	<u>Gr Clay</u>			
	<u>33</u>	<u>40</u>	<u>F Rusty Br Sand</u>			
	<u>40</u>	<u>56</u>	<u>G+ S+G</u>			
	<u>56</u>	<u>58</u>	<u>Rust S+G</u>			

ELEVATION:	Depth(s) Groundwater Encountered 1. <u>18</u> ft. 2. <u>28</u> ft. 3. _____ ft. 4. _____ ft.	(Use a second sheet if needed)
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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.