

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>BERRY HARVEY</u>		NW ¼ NW ¼ NN ¼	16	T 23 S	R 3 E
Distance and direction from nearest town or city street address of well if located within city? <u>* 2 miles North of Burrton * (Offset of Well #8) * (approx 100 ft)</u>					
2 WATER WELL OWNER: City Water Department RR#, St. Address, Box #: City Hall - 203 N. Burrton City, State, ZIP Code: Burrton, Ks. 67020 Board of Agriculture, Division of Water Resources Well # <u>19</u> Application Number: <u>Vested Right</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 53 ft. ELEVATION:			
		Depth(s) Groundwater Encountered: 1. <u>20</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL: <u>20</u> ft. below land surface measured on mo/day/yr: <u>8-1-88</u>			
		Pump test data: Well water was <u>38</u> ft. after <u>24</u> hours pumping <u>400</u> gpm			
		Est. Yield <u>350</u> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter: .30 in. to <u>53</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 7 Lawn and garden only 10 Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes <u>X</u> No _____; If yes, mo/day/yr sample was submitted <u>8-3-88</u> Water Well Disinfected? Yes <u>X</u> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
				8 Concrete tile	
				9 Other (specify below)	
				CASING JOINTS: Glued _____ Clamped _____	
				* Welded <u>X</u>	
				Threaded _____	
Blank casing diameter: <u>12</u> in. to <u>38</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.					
Casing height above land surface: <u>30</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>37.5 Wall</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC	
				8 RMP (SR)	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				11 None (open hole)	
				9 Drilled holes	
				10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From <u>38</u> ft. to <u>53</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>53</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
4 Other					
Grout Intervals: * From <u>0</u> ft. to <u>20</u> ft., From <u>20</u> ft. to <u>21</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination?					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
				<u>Old #7 Well</u>	
Direction from well? <u>SE</u> How many feet? <u>100</u>					
LITHOLOGIC LOG			LITHOLOGIC LOG		
FROM	TO		FROM	TO	
0	1	top soil			
1	6	fine sand			
6	11	sandy clay			
11	18	fine sand			
18	22	sandy clay			
22	29	fine sand w/clay layers			
29	31	med. sand w/clay layers			
31	33	med. sand w/traces clay			
33	36	med. sand			
36	48	coarse sand & gravel			
48	58	hard gray 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>9/1/88</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/yr) <u>9/6/88</u> under the business name of <u>Layne Western Co., Inc., Wichita, Ks</u> by (signature) <u>Brian J. Meier</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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					