

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>Harney</u>		<u>Near Center 1/4 NE 1/4</u>	<u>28</u>	T <u>24</u> S	R <u>2</u> W		
Distance and direction from nearest town or city? <u>4 1/2 mi South</u>			Street address of well if located within city?				
2 WATER WELL OWNER: <u>W. Mack Barlow</u>							
RR#, St. Address, Box #: <u>953 St. James Place</u>			Board of Agriculture, Division of Water Resources				
City, State, ZIP Code: <u>Wittika, KS, 67206</u>			Application Number: <u>32874</u>				
3 DEPTH OF COMPLETED WELL: <u>234</u> ft. Bore Hole Diameter: <u>30</u> in. to <u>234</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				
Well's static water level: <u>24</u> ft. below land surface measured on _____ month <u>17</u> day <u>1980</u> year							
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm							
Est. Yield <u>1700</u> 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: <u>16</u> in. to <u>78</u> ft. Dia: <u>16</u> in. to <u>195</u> ft. Dia: _____ in. to _____ ft.							
Casing height above land surface: <u>12</u> in. weight <u>32</u> lbs./ft. Wall thickness or gauge No: <u>15</u>							
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: <u>16</u> in. to <u>234</u> ft. Dia: _____ in. to _____ ft. Dia: _____ in. to _____ ft.							
Screen-Perforated Intervals: From <u>78</u> ft. to <u>104</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
Gravel Pack Intervals: From <u>195</u> ft. to <u>234</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
From <u>234</u> ft. to <u>17</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
5 GROUT MATERIAL:							
1 Neat cement		2 Cement grout	3 Bentonite	4 Other	<u>Puddle clay</u>		
Grouted Intervals: From <u>17</u> ft. to <u>0</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
What is the nearest source of possible contamination: <u>None</u>							
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 _____ How many feet _____ ? Water Well Disinfected? Yes _____ No <u>X</u>							
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, date sample was submitted _____ month _____ day _____ year							
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____							
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ 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 _____ month <u>4</u> day <u>17</u> year <u>1980</u>							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>138</u>							
This Water Well Record was completed on _____ month <u>7</u> day <u>80</u> year under the business name of <u>Peterson Irrigation</u> by (signature)							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG					
		FROM	TO	LITHOLOGIC LOG			
		0	5	Top soil	131	142	Sandy clay
		5	18	Gray clay	142	150	Brown clay
		18	32	Med. sand	150	168	Dark grey clay
		32	38	Green, Clay	168	188	Fine sand & clay
		38	59	Med. sand	188	200	Fine sand
		59	62	Grey clay	200	204	Brown clay
		62	96	Fine gray sand	204	235	Fine sand w/ small layers of clay
		96	110	Grey, clay			
		110	125	Fine sand & clay			
		125	130	Grey clay			
		130	137	Fine sand			
		ELEVATION: _____					
Depth(s) Groundwater Encountered 1. _____ 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.