

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <u>Hodgemann</u>	<u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>8</u>	<u>24</u>	<u>S</u>	<u>R 22 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>13 miles SW Harrison</u>					

  

<b>2 WATER WELL OWNER:</b> <u>Burgh Fagan</u>		Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # :	<u>RR</u>	Application Number:
City, State, ZIP Code :	<u>Spawville, Ks. 67876</u>	

  

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>70</u> ft. ELEVATION:
		Depth(s) Groundwater Encountered 1. <u>50</u> ft. 2. .ft. 3. .ft.
		WELL'S STATIC WATER LEVEL <u>50</u> ft. below land surface measured on mo/day/yr <u>10/10/82 6/10/82</u>
		Pump test data: Well water was <u>N/A</u> ft. after . hours pumping . gpm
		Est. Yield <u>10</u> gpm: Well water was . ft. after . hours pumping . gpm
		Bore Hole Diameter <u>9</u> in. to <u>70</u> ft., and . in. to . ft.
		WELL WATER TO BE USED AS:
		<input checked="" type="checkbox"/> Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other, (Specify below) <u>Pasture</u> 2 Irrigation    4 Industrial    7 Lawn and garden only    10 Observation well
		Was a chemical/bacteriological sample submitted to Department? Yes.....No <u>X</u> .....; If yes, mo/day/yr sample was submitted
		Water Well Disinfected? Yes <u>X</u> No

  

<b>5 TYPE OF BLANK CASING USED:</b>		CASING JOINTS: <u>Grooved</u> Clamped . Welded . Threaded .
1 Steel	3 RMP (SR)	
<u>2 PVC</u>	4 ABS	
Blank casing diameter <u>5 1/2</u> in. to <u>50</u> ft., Dia . in. to . ft., Dia . in. to . ft.	5 Wrought iron	8 Concrete tile
Casing height above land surface <u>12</u> in., weight <u>150</u> lbs./ft. Wall thickness or gauge No. <u>150</u>	6 Asbestos-Cement	9 Other (specify below)
	7 Fiberglass	
TYPE OF SCREEN OR PERFORATION MATERIAL:		10 Asbestos-cement
1 Steel	3 Stainless steel	5 Fiberglass
2 Brass	4 Galvanized steel	6 Concrete tile
SCREEN OR PERFORATION OPENINGS ARE:		8 RMP (SR)
1 Continuous slot	3 Mill slot	9 ABS
2 Louvered shutter	4 Key punched	11 Other (specify)
SCREEN-PERFORATED INTERVALS: From <u>50</u> ft. to <u>70</u> ft., From . ft. to . ft., From . ft. to . ft.		12 None used (open hole)
GRAVEL PACK INTERVALS: From <u>70</u> ft. to <u>15</u> ft., From . ft. to . ft., From . ft. to . ft.		5 Gauzed wrapped
		6 Wire wrapped
		7 Torch cut
		8 Saw cut
		9 Drilled holes
		10 Other (specify)
		11 None (open hole)

  

<b>6 GROUT MATERIAL:</b>		What is the nearest source of possible contamination:
1 Neat cement	2 Cement grout	3 Bentonite
4 Other		
Grout Intervals: From <u>0</u> ft. to <u>15</u> ft., From . ft. to . ft., From . ft. to . ft.		
1 Septic tank		4 Lateral lines
2 Sewer lines		5 Cess pool
3 Watertight sewer lines		6 Seepage pit
7 Pit privy		8 Sewage lagoon
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>Pasture</u>
Direction from well?		How many feet?

  

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	TOP SOIL			
3	50	clay			
50	65	gravel			
65	70	Blue 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) 6/10/82 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 111. This Water Well Record was completed on (mo/day/yr) 11/1/82 under the business name of Cress Drilling by (signature) [Signature]

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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.