

19

1 LOCATION OF WATER WELL

County: Seelye Fraction: NW 1/4 NW 1/4 SE 1/4 Section Number: 19 Township Number: T 26 S Range Number: R 1 E

Distance and direction from nearest town or city? _____ Street address of well if located within city? 743 Surry Ln.

2 WATER WELL OWNER: TROY GRIFFIN Const.
 RR#, St. Address, Box #: 102 James
 City, State, ZIP Code: maize, KS.

Board of Agriculture, Division of Water Resources
 Application Number: _____

3 DEPTH OF COMPLETED WELL: 51 ft. Bore Hole Diameter: 1 1/2 in. to _____ 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: 19 ft. below land surface measured on _____ month _____ day _____ year

Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: 60 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: 5 in. to _____ ft., Dia: _____ in. to _____ ft., Dia: _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight: 1.50 lbs./ft. Wall thickness or gauge No: 200

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: 5 in. to _____ ft., Dia: _____ in. to _____ ft., Dia: _____ in. to _____ ft.
 Screen-Perforated Intervals: From: 43 ft. to 51 ft., From: _____ ft. to _____ ft., From: _____ ft. to _____ ft.
 Gravel Pack Intervals: From: 16 ft. to 51 ft., From: _____ ft. to _____ ft., From: _____ ft. to _____ ft.

5 GROUT MATERIAL: ☐ 1 Neat cement ☒ 2 Cement grout ☐ 3 Bentonite ☐ 4 Other _____

Grouted Intervals: From: 6 ft. to 16 ft., From: _____ ft. to _____ ft., From: _____ ft. to _____ ft.

What is the nearest source of possible contamination:
☐ 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: SW How many feet: 90 ? Water Well Disinfected? ☒ Yes ☐ No

Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No ☒

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 _____ day _____ year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 318

This Water Well Record was completed on _____ month _____ day _____ year under the business name of Wenger Dilling by (signature) James Wenger

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG

0	2	Top Soil Red Clay Fine Sand Red Clay med. Gravel			
2	18				
18	30				
30	31				
31	51				

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.

OFFICE USE ONLY

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84

R

1

EW

SEC

19

NW

1/4

NW

1/4

SE

1/4