

1 LOCATION OF WATER WELL: County: <u>Edgar</u> Section Number: <u>19</u> Township Number: <u>T 26 S</u> Range Number: <u>R 1 E W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>Harvest Ln Maize KS</u>	
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code : <u>Delbert Goetz + 2</u> <u>4401 no maize rd</u> <u>maize KS 67101</u>	
Board of Agriculture, Division of Water Resources Application Number: _____	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	
NW NE SW SE	
4 DEPTH OF COMPLETED WELL: _____ ft. ELEVATION: _____ ft.	
Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.	
WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr <u>6-20-86</u>	
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm	
Est. Yield <u>1.00</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm	
Bore Hole Diameter <u>1 1/2</u> in. to _____ ft., and _____ in. to _____ ft.	
WELL WATER TO BE USED AS: ☒ 1 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	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, mo/day/yr sample was submitted _____	
Water Well Disinfected? Yes ☒ No _____	
5 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 _____ Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SOR-46</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) _____ 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-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.	
6 GROUT MATERIAL: 1 Neat cement ☒ 2 Cement grout 3 Bentonite 4 Other _____	
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.	
What is the nearest source of possible contamination: ☒ 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well ☐ 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well ☐ 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____ Direction from well? <u>North</u> How many feet? <u>50</u>	
FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG	
<u>0</u> <u>2</u> <u>top soil</u> <u>2</u> <u>16</u> <u>clay</u> <u>16</u> <u>18</u> <u>clay</u> <u>18</u> <u>32</u> <u>sand</u>	
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>6-28-86</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>3128</u> . This Water Well Record was completed on (mo/day/yr) <u>6-23-86</u> by signature <u>[Signature]</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.	