

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: <u>Gray</u>		<u>SE 1/4 SE 1/4 SE 1/4</u>		<u>2*</u>		T <u>26</u> S		R <u>28</u> <u>EW</u>			
Distance and direction from nearest town or city street address of well if located within city? <u>In town</u>											
2 WATER WELL OWNER: <u>Grain Growers Coop</u>											
RR#, St. Address, Box # : <u>204 N. Main</u>						Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : <u>Camden KS</u>						Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL <u>60</u> ft. ELEVATION:								
			Depth(s) Groundwater Encountered 1. <u>52</u> ft. 2. _____ ft. 3. _____ ft.								
			WELL'S STATIC WATER LEVEL <u>51.9</u> ft. below land surface measured on mo/day/yr <u>7-15-92</u>								
			Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm								
			Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm								
			Bore Hole Diameter <u>6 3/8</u> in. to <u>60</u> ft. and _____ in. to _____ ft.								
			WELL WATER TO BE USED AS:								
			5 Public water supply		8 Air conditioning		11 Injection well				
			1 Domestic		3 Feedlot		6 Oil field water supply		9 Dewatering		
			2 Irrigation		4 Industrial		7 Lawn and garden only		10 Monitoring well		
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>✓</u> ; 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		
2 PVC			4 ABS			6 Asbestos-Cement			9 Other (specify below)		
						7 Fiberglass			CASING JOINTS: Glued _____ Clamped _____		
Blank casing diameter <u>2.38</u> in. to <u>40</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.											
Casing height above land surface <u>Fresh Mount</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SR-13</u> <u>SH40</u>											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
1 Steel			3 Stainless steel			5 Fiberglass			8 RMP (SR)		
2 Brass			4 Galvanized steel			6 Concrete tile			9 ABS		
									10 Asbestos-cement		
									11 Other (specify)		
									12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE:											
1 Continuous slot			3 Mill slot <u>.010</u>			5 Gauzed wrapped			8 Saw cut		
2 Louvered shutter			4 Key punched			6 Wire wrapped			9 Drilled holes		
						7 Torch cut			10 Other (specify)		
									11 None (open hole)		
SCREEN-PERFORATED INTERVALS:											
From <u>60</u> ft. to <u>40</u> ft.			From _____ ft. to _____ ft.			From _____ ft. to _____ ft.			From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS:			From <u>60</u> ft. to <u>38</u> ft.			From _____ ft. to _____ ft.			From _____ ft. to _____ ft.		
			From _____ ft. to _____ 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>38</u> ft. to <u>2</u> ft. From <u>2</u> ft. to <u>0</u> 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		
2 Sewer lines			5 Cess pool			8 Sewage lagoon			11 Fuel storage		
3 Watertight sewer lines			6 Seepage pit			9 Feedyard			12 Fertilizer storage		
									13 Insecticide storage		
									14 Abandoned water well		
									15 Oil well/Gas well		
									16 Other (specify below)		
Direction from well? <u>East</u>											
How many feet? <u>30 ft</u>											
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7-15-92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>539</u> This Water Well Record was completed on (mo/day/yr) <u>9-12-92</u> under the business name of <u>JB Env. Drilling</u> by (signature) <u>James Becker</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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.											

OFFICE USE ONLY

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