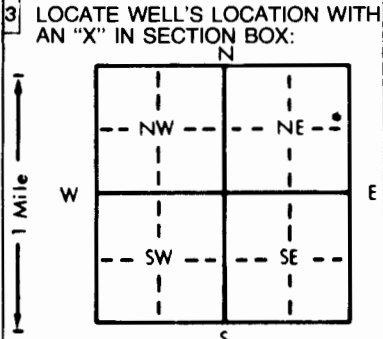


1 LOCATION OF WATER WELL: County: Hiowa Fraction: SE 1/4 NE 1/4 NE 1/4 Section Number: 17 Township Number: T 27 S Range Number: R 19 E/W

Distance and direction from nearest town or city street address of well if located within city? 7 W 7 N GREENSBURG Kans

2 WATER WELL OWNER: Ernest Davis RR#, St. Address, Box #: Mullinville, Kans Board of Agriculture, Division of Water Resources Application Number:



4 DEPTH OF COMPLETED WELL: 90 ft. ELEVATION: _____ ft.

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: 52 ft. below land surface measured on mo/day/yr 9-22-83

Pump test data: Well water was 52 ft. after 1 hours pumping 10 gpm

Est. Yield 30 gpm; Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter: 8 3/4 in. to 9 0 in. to _____ in. to _____ in.

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 11 Injection well	<input type="checkbox"/> 12 Other (Specify below)
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 10 Observation well		

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes X No _____

5 TYPE OF BLANK CASING USED:

<input type="checkbox"/> 1 Steel	<input checked="" type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped _____
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	Welded _____
		<input type="checkbox"/> 7 Fiberglass		Threaded _____

Blank casing diameter 5 in. to 7 0 in. Dia _____ in. to _____ in. Dia _____ in. to _____ in.

Casing height above land surface 12 in., weight _____ lbs./ft. Wall thickness or gauge No. SDR-26

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 10 Asbestos-cement	<input type="checkbox"/> 11 Other (specify)
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 12 None used (open hole)	

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)			

SCREEN-PERFORATED INTERVALS: From 20 ft. to 90 ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 5-5 ft. to 90 ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From 4 ft. to 14 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below)
			<input type="checkbox"/> 13 Insecticide storage	

Direction from well? NE How many feet? 150

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	Top			
1	28	Clay			
28	30	Sand			
30	34	Clay			
34		Sand			

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) 9-22-83 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 224 This Water Well Record was completed on (mo/day/yr) 10-21-83 under the business name of Carl Kayse Water Well Serv. by signature Carl Kayse

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.

OFFICE USE ONLY

T

R

SEC.

SE 1/4 NE 1/4 NE 1/4

D