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| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number |
| County: FORD | | SE 1/4 NW 1/4 SE 1/4 | 26 | T 27 S | R 23 E W |
| Distance and direction from nearest town or city street address of well if located within city? From FORD, KS 1/2W - 2 1/4W - 1 1/4N - 1/8W | | | | | |
| 2 WATER WELL OWNER: | | Board of Agriculture, Division of Water Resources | | | |
| RR#, St. Address, Box # : | | Application Number: | | | |
| City, State, ZIP Code : | | FORD, KS. | | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL: 112 ft. ELEVATION: NA | | | |
| | | Depth(s) Groundwater Encountered 1. 26 ft. 2. _____ ft. 3. _____ ft. | | | |
| | | WELL'S STATIC WATER LEVEL 26 ft. below land surface measured on mo/day/yr 3-4-85 | | | |
| | | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm | | | |
| | | Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm | | | |
| | | Bore Hole Diameter 9 in. to 112 ft., and _____ in. to _____ ft. | | | |
| | | WELL WATER TO BE USED AS: | | | |
| | | 1 Domestic <input checked="" type="checkbox"/> 3 Feedlot 6 Oil field water supply 9 Dewatering Livestock - 11/20/85 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well | | | |
| | | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ | | | |
| 5 TYPE OF BLANK CASING USED: | | Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ | | Welded _____ | | | |
| 2 PVC <input checked="" type="checkbox"/> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Threaded _____ | | | | | |
| Blank casing diameter 5 in. to 92 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. | | | | | |
| Casing height above land surface 20 in., weight 29 lbs./ft. Wall thickness or gauge No. SDR 21 | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | 10 Asbestos-cement 11 Other (specify) _____ | | | |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 12 None used (open hole) | | | | | |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | 8 Saw cut 11 None (open hole) | | | |
| 1 Continuous slot 3 Mill slot <input checked="" type="checkbox"/> 6 Wire wrapped 9 Drilled holes | | | | | |
| 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ | | | | | |
| SCREEN-PERFORATED INTERVALS: From 92 ft. to 112 ft., From _____ ft. to _____ ft. | | | | | |
| GRAVEL PACK INTERVALS: From 10 ft. to 112 ft., From _____ ft. to _____ ft. | | | | | |
| 6 GROUT MATERIAL: | | 2 Cement grout 3 Bentonite 4 Other _____ | | | |
| Grout Intervals: From 0 ft. to 10 ft., From _____ ft. to _____ ft. | | | | | |
| What is the nearest source of possible contamination: | | 10 Livestock pens <input checked="" type="checkbox"/> 14 Abandoned water well | | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well | | | | | |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) | | | | | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage | | | | | |
| Direction from well? EAST | | How many feet? 200 | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
| 0 | 4 | TOPSOIL | | | |
| 4 | 26 | SAND | | | |
| 26 | 112 | SAND + GRAVEL | | | |
| 112 | | SHALE | | | |
| 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) 4-4-85 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 217 This Water Well Record was completed on (mo/day/yr) 4-18-85 under the business name of BRAM DRILLING CO INC. by (signature) KNA | | | | | |
| 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. | | | | | |