

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: <u>Haskell</u>		<u>SW 1/4 SW 1/4 SE 1/4</u>		<u>11</u>		<u>T 27 S</u>		<u>R 31 E</u>			
Distance and direction from nearest town or city street address of well if located within city?											
<u>From Pierceville, 1 1/2 miles south on Blk. Top, then 1/2 mile east</u>											
2 WATER WELL OWNER: <u>Ross Ardery</u>											
RR#, St. Address, Box #: <u>Rt. 1 Box 32 B</u>											
City, State, ZIP Code: <u>Copeland, KS 67837</u>											
Board of Agriculture, Division of Water Resources											
Application Number:											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>280'</u> ft. ELEVATION:									
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.									
		WELL'S STATIC WATER LEVEL <u>150'</u> ft. below land surface measured on mo/day/yr <u>11-3-95</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>9 7/8"</u> in. to <u>280'</u> ft., and .... in. to .... ft.									
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well									
		<input checked="" type="radio"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
		2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well									
		Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted									
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No									
5 TYPE OF BLANK CASING USED:											
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped											
<input checked="" type="radio"/> 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded											
7 Fiberglass Threaded											
Blank casing diameter <u>5"</u> in. to <u>240'</u> ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.											
Casing height above land surface <u>12"</u> in., weight .... lbs./ft. Wall thickness or gauge No. <u>SDR21</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) ....											
12 None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
1 Continuous slot 3 Mill slot 5 Gauzed wrapped <input checked="" type="radio"/> 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 <u>240'</u> ft. to <u>280'</u> ft., From .... ft. to .... ft.											
From .... ft. to .... ft., From .... ft. to .... ft.											
GRAVEL PACK INTERVALS: From <u>24'</u> ft. to <u>280'</u> ft., From .... ft. to .... ft.											
From .... ft. to .... ft., From .... ft. to .... ft.											
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other											
Grout Intervals: From <u>4'</u> ft. to <u>24'</u> 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 <input checked="" type="radio"/> 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)											
13 Insecticide storage											
Direction from well? <u>North</u> How many feet? <u>10'</u>											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
<u>0</u>		<u>2</u>		<u>Topsoil</u>							
<u>2</u>		<u>42</u>		<u>Brown clay</u>							
<u>42</u>		<u>50</u>		<u>Fine sand + brown clay layers</u>							
<u>50</u>		<u>90</u>		<u>Med. sand + brown clay layers</u>							
<u>90</u>		<u>120</u>		<u>Med. sand + sandrock ledges</u>							
<u>120</u>		<u>280</u>		<u>Med. sand + brown clay layers</u>							
<u>280</u>		<u>300</u>		<u>Blue clay + shale</u>							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11-3-95</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>533</u> This Water Well Record was completed on (mo/day/yr) <u>11-23-95</u> under the business name of <u>Intertex Water Well Repair</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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.											