

1 LOCATION OF WATER WELL:		Fraction		TOWNSHIP NUMBER		Range Number																															
County: <b>FORD</b>		NW 1/4 NW 1/4 NE 1/4		Section Number <b>5</b>		Township Number <b>28</b> S Range Number <b>23</b> E																															
Distance and direction from nearest town or city street address of well if located within city? <b>2 M. North - 6 West of FORD, KS.</b>																																					
2 WATER WELL OWNER: <b>EARL STEELE</b>																																					
RR#, St. Address, Box # : City, State, ZIP Code : <b>FORD, KS</b>																																					
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: <b>150</b> ft. ELEVATION:																																			
		Depth(s) Groundwater Encountered <b>95</b> ft. 2. <b>10-15-83</b> ft. 3. <b>10-15-83</b> ft. WELL'S STATIC WATER LEVEL <b>90</b> ft. below land surface measured on mo/day/yr Pump test data: Well water was <b>25</b> gpm. Well water was <b>15</b> ft. after <b>10-15-83</b> hours pumping <b>10-15-83</b> gpm Est. Yield <b>25</b> gpm. Well water was <b>15</b> ft. after <b>10-15-83</b> hours pumping <b>10-15-83</b> gpm Bore Hole Diameter <b>8</b> in. to <b>150</b> ft., and <b>150</b> in. to <b>150</b> ft. 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"/> 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 <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted <b>10-15-83</b> Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>																																			
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 type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded <input type="checkbox"/> 7 Fiberglass Threaded <input type="checkbox"/> Blank casing diameter <b>5</b> in. to <b>130</b> ft., Dia <b>130</b> in. to <b>130</b> ft., Dia <b>130</b> in. to <b>130</b> ft. Casing height above land surface <b>12</b> in., weight <b>29</b> lbs./ft. Wall thickness or gauge No. <b>SDR 21</b> 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) <input type="checkbox"/> 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input checked="" type="checkbox"/> 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) <input type="checkbox"/> SCREEN-PERFORATED INTERVALS: From <b>130</b> ft. to <b>150</b> ft., From <b>130</b> ft. to <b>150</b> ft., From <b>130</b> ft. to <b>150</b> ft. GRAVEL PACK INTERVALS: From <b>10</b> ft. to <b>150</b> ft., From <b>10</b> ft. to <b>150</b> ft., From <b>10</b> ft. to <b>150</b> ft. 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <input type="checkbox"/> Grout Intervals: From <b>10</b> ft. to <b>10</b> ft., From <b>10</b> ft. to <b>10</b> ft., From <b>10</b> ft. to <b>10</b> ft., From <b>10</b> ft. to <b>10</b> ft. What is the nearest source of possible contamination: <input checked="" type="checkbox"/> 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) Direction from well? <b>North - North East</b> How many feet? <b>500</b> <table border="1"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td><b>0</b></td> <td><b>10</b></td> <td><b>TOPSOIL</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>10</b></td> <td><b>95</b></td> <td><b>CLAY</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>95</b></td> <td><b>150</b></td> <td><b>SAND AND GRAVEL</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>150</b></td> <td></td> <td><b>CLAY</b></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	<b>0</b>	<b>10</b>	<b>TOPSOIL</b>				<b>10</b>	<b>95</b>	<b>CLAY</b>				<b>95</b>	<b>150</b>	<b>SAND AND GRAVEL</b>				<b>150</b>		<b>CLAY</b>			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>10-15-83</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>217</b> This Water Well Record was completed on (mo/day/yr) <b>12-1-83</b> under the business name of <b>BRAD DRILLING CO INC</b> by (signature) <b>R. Brad</b>																																					
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.																																					