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|--|-----------|--|----------------|-----------------|-----------------------|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number |
| County: <u>Pratt</u> | | <u>NW</u> 1/4 <u>NE</u> 1/4 <u>NE</u> 1/4 | <u>27</u> | T <u>29</u> S | R <u>11</u> <u>EW</u> |
| Distance and direction from nearest town or city street address of well if located within city? <u>2 east 2 North Isabel</u> | | | | | |
| 2 WATER WELL OWNER: <u>Don Romine</u> | | | | | |
| RR#, St. Address, Box # : <u>Isabel, Kansas 67056</u> | | | | | |
| City, State, ZIP Code : _____ 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>90</u> ft. ELEVATION: _____ | | | |
| <div style="text-align: center;"><p>1 Mile</p></div> | | Depth(s) Groundwater Encountered 1. <u>70</u> ft. 2. _____ ft. 3. _____ ft. | | | |
| | | WELL'S STATIC WATER LEVEL <u>43</u> ft. below land surface measured on mo/day/yr <u>12-17-88</u> | | | |
| | | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm | | | |
| | | Est. Yield <u>15</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm | | | |
| | | Bore Hole Diameter <u>9</u> in. to <u>90</u> ft., and _____ in. to _____ ft. | | | |
| WELL WATER TO BE USED AS: | | | | | |
| 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well | | | | | |
| 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well 12 Other (Specify below) | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; 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 CASING JOINTS: <u>Glued</u> _____ Clamped _____ | | | | | |
| 2 <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) <u>Welded</u> _____ | | | | | |
| 3 Fiberglass _____ Threaded _____ | | | | | |
| Blank casing diameter <u>5</u> in. to <u>81</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. | | | | | |
| Casing height above land surface <u>15</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>214</u> | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | |
| 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement | | | | | |
| 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____ | | | | | |
| 3 _____ 9 ABS 12 None used (open hole) | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | |
| 1 Continuous slot 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) _____ | | | | | |
| SCREEN-PERFORATED INTERVALS: From <u>81</u> ft. to <u>90</u> ft., From _____ ft. to _____ ft. | | | | | |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft. | | | | | |
| GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>90</u> ft., From _____ ft. to _____ ft. | | | | | |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft. | | | | | |
| 6 GROUT MATERIAL: 1 <u>Neat cement</u> 2 Cement grout 3 Bentonite 4 Other _____ | | | | | |
| Grout Intervals: From <u>3</u> ft. to <u>23</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 <u>Livestock pens</u> 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>S</u> How many feet? <u>100</u> | | | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
| <u>0</u> | <u>5</u> | <u>soil</u> | | | |
| <u>5</u> | <u>40</u> | <u>white clay</u> | | | |
| <u>40</u> | <u>52</u> | <u>sandy</u> | | | |
| <u>52</u> | <u>60</u> | <u>med sand</u> | | | |
| <u>60</u> | <u>62</u> | <u>med sand</u> | | | |
| <u>62</u> | <u>80</u> | <u>fine sand</u> | | | |
| <u>80</u> | <u>84</u> | <u>med sand</u> | | | |
| <u>84</u> | <u>90</u> | <u>sand and clay</u> | | | |
| <u>90</u> | <u>92</u> | | | | |
| 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) <u>12-17-88</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>140</u> This Water Well Record was completed on (mo/day/yr) <u>12-31-88</u> under the business name of <u>Lyman Inc.</u> by (signature) <u>Don Lyman</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 to three copies to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records. | | | | | |

OFFICE USE ONLY

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R 11

EW

SEC. 27

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