

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number				
County: <u>FORD</u>		<u>SE 1/4 SE 1/4 NW 1/4</u>	<u>12</u>	<u>T 29 S</u>	<u>R 22 EW</u>				
Distance and direction from nearest town or city street address of well if located within city? <u>2 1/2 W 1 S Bucklin Kansas</u>									
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources							
RR#, St. Address, Box #:		Application Number:							
City, State, ZIP Code:		<u>Bucklin Kans</u>							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>160</u> ft. ELEVATION: .....							
<div style="text-align: center;">N 1 Mile W E S</div> <table border="1" style="margin: auto; text-align: center;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. <u>126</u> ft. 2. .... ft. 3. .... ft.			
		NW	NE						
		SW	SE						
		WELL'S STATIC WATER LEVEL <u>126</u> ft. below land surface measured on mo/day/yr <u>5-8-84</u>							
		Pump test data: Well water was <u>126</u> ft. after <u>1</u> hours pumping <u>3</u> gpm							
Est. Yield <u>15</u> gpm; Well water was ..... ft. after ..... hours pumping ..... gpm									
Bore Hole Diameter <u>8 3/4</u> in. to <u>160</u> ft., and ..... in. to ..... ft.		WELL WATER TO BE USED AS:							
2 Irrigation		3 Feedlot	6 Oil field water supply	9 Dewatering	12 Other (Specify below)				
5 Public water supply		8 Air conditioning	11 Injection well						
Domestic		4 Industrial	7 Lawn and garden only	10 Observation well					
Was a chemical/bacteriological sample submitted to Department? Yes.....No <u>X</u> .....; If yes, mo/day/yr sample was submitted									
Water Well Disinfected? Yes <u>X</u> No									
5 TYPE OF BLANK CASING USED:									
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped .....				
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded .....				
Blank casing diameter <u>5</u> in. to <u>140</u> ft., Dia. .... in. to ..... ft., Dia. .... in. to ..... ft.		Fiberglass	Threaded .....						
Casing height above land surface <u>16</u> in., weight ..... lbs./ft. Wall thickness or gauge No. <u>SDR-26</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) .....				
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped	6 Wire wrapped	9 ABS	12 None used (open hole)				
1 Continuous slot		3 Mill slot	7 Torch cut	10 Other (specify) .....					
2 Louvered shutter		4 Key punched	11 None (open hole)						
SCREEN-PERFORATED INTERVALS: From <u>140</u> ft. to <u>160</u> ft., From ..... ft. to ..... ft.									
GRAVEL PACK INTERVALS: From <u>125</u> ft. to <u>160</u> ft., From ..... ft. to ..... ft.									
6 GROUT MATERIAL:									
1 Neat cement		2 Cement grout	3 Bentonite	4 Other .....					
Grout Intervals: From <u>0</u> ft. to <u>10</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	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)				
Direction from well?		How many feet?							
FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG									
0	2	TOP							
2	6	Silt							
6	30	Clay & Gyp							
30	119	Tan Clay							
119	160	Gravel							
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>5-8-84</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>224</u> This Water Well Record was completed on (mo/day/yr) <u>7-31-84</u> under the business name of <u>Carl Hayse Water Well Sew.</u> by (signature) <u>Carl Hayse</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.									