

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number	
County: <u>Republic</u>		<u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$		<u>36</u>		<u>T</u> <u>2</u> <u>S</u>		<u>R</u> <u>5</u> <u>W</u> <u>E/W</u>	
Distance and direction from nearest town or city? <u>2 North - 2 West of Scandia</u>					Street address of well if located within city?				

  

2 WATER WELL OWNER: <u>Charles Robison</u>		Board of Agriculture, Division of Water Resources	
RR#, St. Address, Box #: <u>Route # 1</u>		Application Number:	
City, State, ZIP Code: <u>Scandia, Kansas 66966</u>			

  

3 DEPTH OF COMPLETED WELL: <u>40</u> ft. Bore Hole Diameter: <u>8</u> in. to <u>40</u> ft. and _____ in. to _____ ft.	
Well Water to be used as:	
<input checked="" type="checkbox"/> 1 Domestic	<input type="checkbox"/> 2 Irrigation
<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 4 Industrial
<input type="checkbox"/> 5 Public water supply	<input type="checkbox"/> 6 Oil field water supply
<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 8 Air conditioning
<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 10 Observation well
<input type="checkbox"/> 11 Injection well	<input type="checkbox"/> 12 Other (Specify below)
Well's static water level: <u>8</u> ft. below land surface measured on <u>September</u> month <u>8</u> day <u>1980</u> year	
Pump Test Data: Well water was <u>35</u> ft. after <u>1</u> hours pumping. <u>50</u> gpm	Est. Yield <u>50</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

  

4 TYPE OF BLANK CASING USED:		5 Wrought iron		8 Concrete tile		Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____	
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 RMP (SR)		<input type="checkbox"/> 6 Asbestos-Cement		<input type="checkbox"/> 9 Other (specify below)	
<input checked="" type="checkbox"/> 2 PVC		<input type="checkbox"/> 4 ABS		<input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> Welded _____	
Blank casing dia. <u>5</u> in. to <u>30</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.		Casing height above land surface: <u>12</u> in., weight <u>3</u> lbs./ft. Wall thickness or gauge No. <u>.258</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> 7 PVC		<input type="checkbox"/> 10 Asbestos-cement			
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 Stainless steel		<input type="checkbox"/> 5 Fiberglass		<input type="checkbox"/> 8 RMP (SR)	
<input type="checkbox"/> 2 Brass		<input type="checkbox"/> 4 Galvanized steel		<input type="checkbox"/> 6 Concrete tile		<input type="checkbox"/> 9 ABS	
Screen or Perforation Openings Are:		<input type="checkbox"/> 5 Gauzed wrapped		<input checked="" type="checkbox"/> 8 Saw cut		<input type="checkbox"/> 11 None (open hole)	
<input type="checkbox"/> 1 Continuous slot		<input type="checkbox"/> 3 Mill slot		<input type="checkbox"/> 6 Wire wrapped		<input type="checkbox"/> 9 Drilled holes	
<input type="checkbox"/> 2 Louvered shutter		<input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 7 Torch cut		<input type="checkbox"/> 10 Other (specify)	
Screen-Perforation Dia. <u>5</u> in. to _____ ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.							
Screen-Perforated Intervals: From <u>30</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
Gravel Pack Intervals: From <u>10</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							

  

5 GROUT MATERIAL:		<input checked="" type="checkbox"/> 2 Cement grout		<input type="checkbox"/> 3 Bentonite		<input type="checkbox"/> 4 Other	
Grouted 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:		<u>NONE</u>		<input type="checkbox"/> 10 Fuel storage		<input type="checkbox"/> 14 Abandoned water well	
<input type="checkbox"/> 1 Septic tank		<input type="checkbox"/> 4 Cess pool		<input type="checkbox"/> 7 Sewage lagoon		<input type="checkbox"/> 11 Fertilizer storage	
<input type="checkbox"/> 2 Sewer lines		<input type="checkbox"/> 5 Seepage pit		<input type="checkbox"/> 8 Feed yard		<input type="checkbox"/> 12 Insecticide storage	
<input type="checkbox"/> 3 Lateral lines		<input type="checkbox"/> 6 Pit privy		<input type="checkbox"/> 9 Livestock pens		<input type="checkbox"/> 13 Watertight sewer lines	
Direction from well _____ How many feet _____ ?		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/>		If yes, date sample was submitted _____ month _____ day _____ year		Pump Installed? Yes _____ No <input checked="" type="checkbox"/>			
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____							
Depth of Pump Intake _____ ft.		Pumps Capacity rated at _____ gal./min.					
Type of pump:		<input type="checkbox"/> 1 Submersible		<input type="checkbox"/> 2 Turbine		<input type="checkbox"/> 3 Jet	
		<input type="checkbox"/> 4 Centrifugal		<input type="checkbox"/> 5 Reciprocating		<input type="checkbox"/> 6 Other	

  

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , <u>(2) reconstructed</u> , or <u>(3) plugged</u> under my jurisdiction and was completed on <u>September</u> month <u>8</u> day <u>1980</u> year	
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>361</u>	
This Water Well Record was completed on <u>September 20</u> month <u>20</u> day <u>1980</u> year under the business name of <u>Cox - Beswick Irrigation Service, Inc.</u> by (signature) <u>Travis Gx</u>	

  

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	7	top soil & sand			
	7	23	Sand			
	23	40	Good gravel			
	40		Shale			

  

1 Mile

ELEVATION:

  

Depth(s) Groundwater Encountered <u>10</u> <u>23</u> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft.		(Use a second sheet if needed)
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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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.