

|  |    |   |  |                                  |                                 |    |   |   |  |  |  |
|--|----|---|--|----------------------------------|---------------------------------|----|---|---|--|--|--|
| 1 LOCATION OF WATER WELL:<br>County: <b>Barber</b>   |    | Fraction <b>SW</b> <b>NW</b> <b>SE</b> <b>NE</b><br><b>SW</b> <b>NW</b> <b>SE</b> <b>NE</b>   | Section Number<br><b>14</b>  | Township Number<br>T <b>30</b> S | Range Number<br>R <b>11</b> E/W |    |   |   |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>3 E 2 1/2 S Isabel</b>   |    |   |  |                                  |                                 |    |   |   |  |  |  |
| 2 WATER WELL OWNER: <b>MRS A. D. Dunham</b><br>RR#, St. Address, Box # : <b>Isabel, Kan. 67065</b><br>City, State, ZIP Code : _____  |    |   | Board of Agriculture, Division of Water Resources<br>Application Number: _____ |                                  |                                 |    |   |   |  |  |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><div style="border: 1px solid black; padding: 5px; width: 150px; margin: 10px auto;"><div style="text-align: center;">N</div><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">X</td><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr><tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td><td style="text-align: center;">E</td></tr></table><div style="text-align: center;">S</div></div>  |    | X   | NW   | NE                               | SW                              | SE | E | 4 DEPTH OF COMPLETED WELL <b>77</b> ft. ELEVATION: <b>50</b> ft.<br>Depth(s) Groundwater Encountered <b>48</b> ft. 2. _____ ft. 3. _____ ft.<br>WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr <b>11-30-83</b><br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield <b>25</b> gpm. Well water was <b>77</b> ft. after _____ hours pumping _____ gpm<br>Bore Hole Diameter _____ in. to _____ ft., and _____ in. to _____ ft.<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well<br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____<br>Water Well Disinfected? Yes _____ No _____ |  |  |  |
| X  | NW | NE  |  |                                  |                                 |    |   |   |  |  |  |
| SW   | SE | E   |  |                                  |                                 |    |   |   |  |  |  |
| 5 TYPE OF BLANK CASING USED:<br>1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile<br>2 <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below)<br>Blank casing diameter <b>5</b> in. to <b>67</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.<br>Casing height above land surface <b>23</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>265</b><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless steel 5 Fiberglass 7 <u>PVC</u> 10 Asbestos-cement<br>2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 <u>Saw cut</u> 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes<br>SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From <b>10</b> ft. to <b>67</b> ft., From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft. |    | CASING JOINTS: Glued _____ Clamped _____<br>Welded _____<br>Threaded _____<br>10 Other (specify) _____<br>11 None (open hole)<br>12 None used (open hole)<br>13 Insecticide storage<br>How many feet? <b>60</b> |  |                                  |                                 |    |   |   |  |  |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____<br>Grout Intervals: From <b>8</b> ft. to <b>10</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well<br>3 Watertight sewer lines 6 <u>Septic pit</u> 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____<br>Direction from well? <b>E</b>   |    | 13 Insecticide storage<br>How many feet? <b>60</b>  |  |                                  |                                 |    |   |   |  |  |  |
| FROM TO LITHOLOGIC LOG   |    | FROM TO LITHOLOGIC LOG  |  |                                  |                                 |    |   |   |  |  |  |
| 0  | 6- | soil  |  |                                  |                                 |    |   |   |  |  |  |
| 6  | 15 | 01 clay   |  |                                  |                                 |    |   |   |  |  |  |
| 15   | 35 | 05 sand   |  |                                  |                                 |    |   |   |  |  |  |
| 35   | 50 | 01 clay   |  |                                  |                                 |    |   |   |  |  |  |
| 50   | 77 | 08 medium to coarse sand  |  |                                  |                                 |    |   |   |  |  |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>11-30-83</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>140</b> This Water Well Record was completed on (mo/day/yr) <b>12-5-83</b> under the business name of <b>Lyman Bros.</b> by (signature) <b>Richard Lyman</b><br>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.  |    |   |  |                                  |                                 |    |   |   |  |  |  |

OFFICE USE ONLY

T

R

E

SEC.

14

SW 1/4

NW 1/4

NE 1/4

SE 1/4