

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>CLARK</b>		<b>NE 1/4 SW 1/4 SW 1/4</b>	<b>15</b>	<b>T 30 S</b>	<b>R 21 E</b>
Distance and direction from nearest town or city street address of well if located within city? <b>8.5 mi. Bucklin Kansas</b>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # :		Application Number:			
City, State, ZIP Code :		<b>Bucklin Kansas</b>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>60</b> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. <b>37</b> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <b>37</b> ft. below land surface measured on mo/day/yr <b>11-25-81</b>			
		Pump test data: Well water was <b>37</b> ft. after <b>1</b> hours pumping <b>3</b> gpm			
		Est. Yield <b>10</b> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <b>8 3/4</b> in. to <b>60</b> ft., and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:		5 Public water supply    8 Air conditioning    11 Injection well <input checked="" type="radio"/> Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below) 2 Irrigation    4 Industrial    7 Lawn and garden only    10 Observation well <b>Pasture</b>			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/>		If yes, mo/day/yr sample was submitted _____			
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____					
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____			
1 Steel <input checked="" type="radio"/> 3 RMP (SR)		Welded _____			
2 PVC    4 ABS		Threaded _____			
3 Fiberglass					
Blank casing diameter <b>5</b> in. to <b>40</b> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.					
Casing height above land surface <b>12</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>SDR-26</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC    10 Asbestos-cement			
1 Steel    3 Stainless steel    5 Fiberglass <input checked="" type="radio"/> 8 RMP (SR)		11 Other (specify) _____			
2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS		12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped <input checked="" type="radio"/> 8 Saw cut    11 None (open hole)			
1 Continuous slot    3 Mill slot    6 Wire wrapped    9 Drilled holes					
2 Louvered shutter    4 Key punched    7 Torch cut    10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS:		From _____ ft. to <b>60</b> ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From <b>25</b> ft. to <b>60</b> ft., From _____ ft. to _____ ft.			
6 GROUT MATERIAL:		2 Cement grout    3 Bentonite    4 Other _____			
Grout Intervals: From <b>0</b> ft. to <b>10</b> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Livestock pens    14 Abandoned water well			
1 Septic tank    4 Lateral lines    7 Pit privy    11 Fuel storage    15 Oil well/Gas well					
2 Sewer lines    5 Cess pool    8 Sewage lagoon    12 Fertilizer storage    16 Other (specify below)		<b>Passing Cattle</b>			
3 Watertight sewer lines    6 Seepage pit    9 Feedyard    13 Insecticide storage					
Direction from well?		How many feet?			
FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG			
0	1	Top Soil			
1	8	Silt & Sand			
8	32	Tan Clay			
32	41	Yellow & Tan Clay			
41	60	Sand & 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) <b>11-25-81</b> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <b>224</b>		This Water Well Record was completed on (mo/day/yr) <b>8-13-82</b>			
under the business name of <b>Carl Hayes Water Well Sew</b> by (signature) <b>Carl Hayes</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.					

OFFICE USE ONLY

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SEC.

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NE 1/4

SW 1/4

SW 1/4