| Lea | <u>sse": W.</u> | G. Helmle | y #1 WATER | WELL RECORD | | | | | , | |
|---|--|--|----------------------|-------------------------------|----------|------------------------------------|---|--------------------------|---------------------------------------|--------------|
| LOCATI | ON OF WA | rer well: | Fraction | xC-NI | | tion Number } | ו אר | mber S | Range N | |
| | | | | / 7 | 74 | | | | | E <u>/W_</u> |
| Distance and direction from nearest town or city street address of well if located within city? From Woods go 83/4mi North go West by Trailer House follow lease road to location | | | | | | | | | | |
| WATER WELL OWNER. Carl Broiller | | | | | | | | | | |
| RR#, St. Address, Box # : Mobil Oil Board of Agriculture, Division of Water Resources | | | | | | | | | | |
| ľ | , ZIP Code | | ow, Kans | as | | | | | T 84-46 | |
| 3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL380 #LELEVATION: | | | | | | | | | | |
| AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1. 137 ft. 2. ft. 3. ft. 3. | | | | | | | | | | |
| WELL'S STATIC WATER LEVEL 243 ft. below land surface measured on mo/day/yr 1/27/84 | | | | | | | | | | |
| Pump test data: Well water was ft. after hours pumping gpr | | | | | | | | | | |
| Est. Yield ft. after hours pumping gp | | | | | | | | | | |
| Wile W | 1 | Bore Hole Diameter9in. to380ft., andin. to | | | | | | | | |
| ₹ " | ! | , | | | | | | | Injection well | |
| - | - sw | SE | 1 Domestic | _ | | | - | | | |
| | ! | ! , | 2 Irrigation | | • | - | 10 Observation well | | mo/dov/vr.dom | |
| ļį L | Was a chemical/bacteriological sample submitted to Department? Yes | | | | | | | | | |
| 5 TYPE (| DE BLANK (| CASING USED: | | 5 Wrought iron | 8 Concre | | | | d Clam | ned |
| 1 Ste | | 3 RMP (SR) | | 6 Asbestos-Cement | | (specify belo | | | ed | |
| 2 PV | | 4 ABS | , | 7 Fiberglass | | | | Threa | aded | |
| Blank casing diameter | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | 7 PVC | | | 10 Asbestos-cement | | | |
| 1 Steel 3 Stainless steel | | | steel | 5 Fiberglass 8 RMP (SR) | | | 11 Other (specify) | | | |
| 2 Bra | | 4 Galvanize | | 6 Concrete tile 9 ABS | | | 12 None used (open hole) | | | |
| SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole | | | | | | | | | | en 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) | | | | | | | | | | |
| 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) | | | | | | | | | | |
| From | | | | | | | | | | |
| | GRAVEL PA | CK INTERVALS: | | 00 ft. to | | | | | | |
| | | | From | ft. to | | ft., Fro | om | ft. t | 0 | ft. |
| _ | T MATERIAL | | | 2 Cement grout | | | Other | | | |
| Grout Intervals: From | | | | | | | | | | |
| | | ource of possible c | | | | stock pens 14 Abandoned water well | | | | |
| 1 Septic tank 4 Lateral lin 2 Sewer lines 5 Cess poo | | | | 7 Pit privy | | 11 Fuel storage | | 16 Other (specify below) | | |
| ! | | • | | 8 Sewage lagoon it 9 Feedyard | | | 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage | | | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage Direction from well? Northeast of water well. How many feet? 100 | | | | | | | | | | |
| FROM | TO | NOT CHOUSE | LITHOLOGIC I | | FROM | TO | | ITHOLOG | IC LOG | |
| 0 | 2 | surface | | | | | | | | |
| 2 | 26 | sandy c | lay | | | | | | | |
| 26 | 34 | - | | | | | | | | |
| _34 | 62 | | lay | | - | | | | | |
| 62 | 94 | | • | | | | | | | |
| 94 | 142 | | lay | | | | | | | |
| 142 | 175 | | o large | | | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | |
| 175 228 | 228 280 | | lay 70/3 to large | | | | | | | |
| 280 | 296 | clay | Tar Ge | D WILL | | | | | | |
| 296 | 328 | | to large | sand | | | | | | |
| 328 | 335 | clay | | | | | | | | |
| 335 | 380 | | to large | sand | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 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) January 27, 1984 | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | Well Servic | | | | | | |
| 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. | | | | | | | | | | 1 11 |