

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Morton</u>		$\frac{1}{4}$ NW $\frac{1}{4}$ SE $\frac{1}{4}$	<u>16</u>	T <u>34</u> S	R <u>42</u> E/W
Distance and direction from nearest town or city street address of well if located within city? <u>From Elkport 5 1/2 N 8 E</u>					
2 WATER WELL OWNER: <u>U.S. Forest Service</u>					
RR#, St. Address, Box # :		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code :		Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>20'</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter _____ in. to _____ ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		5 Public water supply 8 Air conditioning 11 Injection well			
		1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was submitted			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued Clamped			
1 Steel 3 RMP (SR)		8 Concrete tile Welded			
2 PVC 4 ABS		9 Other (specify below) Threaded			
Blank casing diameter <u>5"</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC 10 Asbestos-cement			
1 Steel 3 Stainless steel		8 RMP (SR) 11 Other (specify)			
2 Brass 4 Galvanized steel		9 ABS 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		8 Saw cut 11 None (open hole)			
1 Continuous slot 3 Mill slot		9 Drilled holes			
2 Louvered shutter 4 Key punched		10 Other (specify)			
SCREEN-PERFORATED INTERVALS:					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS:					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <u>1 Neat cement</u> 2 Cement grout 3 Bentonite 4 Other					
Grout intervals: From _____ ft. to _____ 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)			
13 Insecticide storage					
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
20'	8	top soil			
8'	3'-6"	cement			
3'-6"	0	backfill			
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>10-21-97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) <u>11-27-97</u> under the business name of <u>Starts Water Well Service INC.</u> by (signature) <u>[Signature]</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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					