

361255

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>MORTON</b>		<b>SW 1/4 NE 1/4 NW 1/4 SW 1/4</b>	<b>16</b>	T <b>35</b> S	R <b>42</b> EW

Distance and direction from nearest town or city street address of well if located within city?  
**614 MORTON, ELKHART**

2 WATER WELL OWNER: <b>DON RASH</b>		Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <b>615 EAST CEDAR</b>		Application Number:
City, State, ZIP Code: <b>LIBERAL KS 67901</b>		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>209.5</b> ft. ELEVATION: <b>3600.56</b>	
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Depth(s) Groundwater Encountered: 1 **189.61** ft. 2 **3-16-05** ft. 3 **3-16-05** ft.

WELL'S STATIC WATER LEVEL: **189.61** ft. below land surface measured on mo/day/yr **3-16-05**

Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Est. Yield \_\_\_\_\_ gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

WELL WATER TO BE USED AS:

1 Domestic	3 Feedlot	5 Public water supply	8 Air conditioning	11 Injection well
2 Irrigation	4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
		7 Domestic (lawn & garden)	10 Monitoring well	<b>mw-14</b>

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **X**; If yes, mo/day/yr sample was submitted \_\_\_\_\_

Water Well Disinfected? Yes \_\_\_\_\_ No \_\_\_\_\_

5 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
<b>2 PVC</b>	4 ABS	7 Fiberglass		Threaded _____
Blank casing diameter <b>4</b> in. to <b>179.5</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				
Casing height above land surface <b>0</b> in., weight _____ lbs./ft. Wall thickness or gauge No <b>54H40</b>				
TYPE OF SCREEN OR PERFORATION MATERIAL:		<b>7 PVC</b>	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:		5 Guazed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	<b>3 Mill slot</b>	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____	ft.
SCREEN-PERFORATED INTERVALS: From <b>179.5</b> ft. to <b>209.5</b> ft., From _____ ft. to _____ ft.				
GRAVEL PACK INTERVALS: From <b>177</b> ft. to <b>209.5</b> ft., From _____ ft. to _____ ft.				

6 GROUT MATERIAL:		1 Neat cement	2 Cement grout	<b>3 Bentonite</b>	4 Other _____
Grout Intervals: From <b>0</b> ft. to <b>177</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Livestock pens			
1 Septic tank	4 Lateral lines	7 Pit privy	<b>11 Fuel storage</b>	14 Abandoned water well	
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	15 Oil well/Gas well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	16 Other (specify below)	
Direction from well?		How many feet?			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	FILL			
1	10	SANDY CLAY - DK BRN			
10	50	SILTY SAND - FINE			
50	70	CLAYEY SAND - F to MED			
70	100	SANDY CLAY w/ CALICHE			
		-TRACE - F to MED SAND			
100	115	CALICHE w/ FINE SAND			
115	180	SANDY CLAY w/ CALICHE			
<del>180</del>	<del>209.5</del>	-TRACE FINE SAND			
180	209.5	CLAYEY SAND w/ SAND/CLAY/CALICHE			

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>2/23/05</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>3/28/05</b> under the business name of <b>Wayne Pyonwell</b> by (signature) <i>Wayne Pyonwell</i>	
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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, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.