

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Morton</b>		<b>SW</b> <small>Sw SW</small> $\frac{1}{4}$ <b>SW</b> $\frac{1}{4}$		<b>5</b>		<b>T 35 S</b>		<b>R 42 EW</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>.5 North, &amp; 1 West</b>									
2 WATER WELL OWNER: <b>Rick Lee</b>									
RR#, St. Address, Box # : <b>815 C</b>									
City, State, ZIP Code : <b>Elkart KS 67950</b>									
Board of Agriculture, Division of Water Resources Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL <b>316</b> ft. ELEVATION:						
			Depth(s) Groundwater Encountered 1 <b>170</b> ft. 2 _____ ft. 3 _____ ft.						
			WELL'S STATIC WATER LEVEL <b>170</b> ft. below land surface measured on mo/day/yr <b>11/6/06</b>						
			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 <b>9.75</b> 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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____									
Water Well Disinfected? Yes <b>X</b> No _____									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass <b>Eagle-loc</b> Threaded _____									
Blank casing diameter <b>5</b> in. to <b>316</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <b>18</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>SDR17</b>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____									
9 ABS 12 None used (open hole) _____									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes									
7 Torch cut 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From <b>176</b> ft. to <b>196</b> ft. From <b>216</b> ft. to <b>276</b> ft.									
From <b>296</b> ft. to <b>316</b> ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>25</b> ft. to <b>316</b> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____									
Grout Intervals From <b>0</b> ft. to <b>25</b> 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 <b>None observed</b>									
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	10		<b>Fine sand</b>						
10	18		<b>Sandy clay</b>						
18	60		<b>Fine sand &amp; a little clay</b>						
60	170		<b>Sandy clay &amp; a little caliche</b>						
170	180		<b>Fine to med sand</b>						
180	210		<b>Caliche, white &amp; brn sandy clay</b>						
210	240		<b>Red &amp; brn clay &amp; white sandstn</b>						
240	260		<b>Sandstone &amp; red &amp; white clay</b>						
260	280		<b>Red sandstone &amp; clay</b>						
280	320		<b>Red clay &amp; a lit sandstone; hard</b>						
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/yr) <b>11/6/06</b> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <b>473</b> This Water Well Record was completed on (mo/day/yr) <b>11/7/06</b>									
under the business name of <b>Tyler Water Well Inc</b> by (signature) _____									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.									

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