

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Smith</u>	<u>NW</u> 1/4 <u>SW</u> 1/4 <u>NW</u> 1/4	<u>17</u>	T <u>XZ</u> 3 S	R <u>12</u> <u>E/W</u>

Distance and direction from nearest town or city? 1/4 East, 3/4 North of Smith Center, Kansas

Street address of well if located within city? _____

2 WATER WELL OWNER: Robert Schaffer

RR#, St. Address, Box #: R. R.

City, State, ZIP Code: Smith Center, Kansas

Board of Agriculture, Division of Water Resources
Application Number: _____

3 DEPTH OF COMPLETED WELL: 688 ft. Bore Hole Diameter: 8 in. to _____ ft., and _____ in. to _____ ft.

Well Water to be used as:

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 Observation well	

Well's static water level: 210 ft. below land surface measured on June month 13 day 1977 year

Pump Test Data: Not tested Well water was _____ ft. after _____ hours pumping _____ gpm

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

4 TYPE OF BLANK CASING USED: 1 Steel 5 Wrought iron 8 Concrete tile Casing Joints: Glued Clamped Welded

2 Brass 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Threaded

3 RMP (SR) 4 ABS 7 Fiberglass

Blank casing dia: XX 1 1/2 in. to 658 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: 24 in., weight 5 lbs./ft. Wall thickness or gauge No: 1/8 in.

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	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:

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-Perforation Dia: 4 1/2 in. to 688 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From 658 ft. to 688 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From 580 ft. to 688 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grouted Intervals: From 0 ft. to 10 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination: NONE

1 Septic tank	4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well
2 Sewer lines	5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well
3 Lateral lines	6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below)
			13 Watertight sewer lines	

Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes _____ No _____

Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No

If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____

Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on June month 13 day 1977 year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 199

This Water Well Record was completed on September month 18 day 1980 year under the business name of Karst Water Well Service by (signature)

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	6	Rock	670	670
	6	222	Blue shale	670	686	White Dakota clay
	222	431	Green shale	686	687 1/2	Blue sand stone
	431	649	Black shale	687 1/2	688	Brown Dakota clay
	649	652	White Dakota clay			
	652	653	Sand stone			
	653	660	White Dakota clay			
	660	666	3 in. break of sandstone			
	660	665	White Dakota clay			
	665	665	6 in. break of sandstone			
	665	670	White Dakota clay			

ELEVATION: _____

Depth(s) Groundwater Encountered: 1. 665 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

1. Location of well:	County Smith	Fraction SW¹/₄ NW¹/₄ NW¹/₄	Section number 17	Township number T 3 S	Range number R 12 E
2. Distance and direction from nearest town or city: 4 mi East 2 mi N			Owner of well: Robert Schaffer		
Street address of well location if in city: Smith Center			City, state, zip code: Smith Center, Ks.		
4. Locate with "X" in section below:			Sketch map: a well		
5. Type and color of material			6. Bore hole dia. 8 in. Completion date 6-13-77 Well depth 688 ft.		
			7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			<input checked="" type="checkbox"/> Casing: Material Steel Height: Above or below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface 30 in. RMP <input type="checkbox"/> PVC Weight 16 lbs./ft. Dia. 4 1/2 in. to 688 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 26		
			<input checked="" type="checkbox"/> Screen: Manufacturer's name Made by customer Type Steel Dia. 4 1/2 Slot 1/16 Length 40 Set between 648 ft. and 688 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4		
			<input checked="" type="checkbox"/> Static water level: UNKNOWN mo./day/yr. 44 ft. below land surface Date		
			12. Pumping level below land surfaces: 44 ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.		
			<input checked="" type="checkbox"/> Water sample submitted: <input checked="" type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
			<input checked="" type="checkbox"/> Well head completion: <input checked="" type="checkbox"/> <input type="checkbox"/> Pitless adapter 32 Inches above grade		
			<input checked="" type="checkbox"/> Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
			16. Nearest source of possible contamination: NONE ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
18. Elevation:			19. Remarks:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			(Use a second sheet if needed)		
			20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Rand Water Well 199 Business name License No. Address 1705 S. Ks. Signed Walter D. Rand Date 8-2-77 Authorized representative		

W
 120
 E
 17
 S
 1/4 1/4 1/4