

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: <u>Horton Kan</u>		<u>NW 1/4 NW 1/4 SE 1/4</u>		<u>34</u>		T <u>5</u> S		R <u>23</u> E/W			
Distance and direction from nearest town or city street address of well if located within city? <u>5 miles East + 2 South of Lenora Kansas</u>											
2 WATER WELL OWNER: <u>Vytil Farm</u>											
RR#, St. Address, Box #: <u>Kerwin Ka 67644</u>											
City, State, ZIP Code: <u>Kerwin Ka 67644</u>											
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: <u>180</u> ft. ELEVATION: <u>105</u> ft.									
		Depth(s) Groundwater Encountered 1. <u>105</u> ft. 2. <u>105</u> ft. 3. <u>105</u> ft.									
		WELL'S STATIC WATER LEVEL <u>105</u> ft. below land surface measured on mo/day/yr <u>5-17-93</u>									
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm									
		Est. Yield <u>50</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm									
		Bore Hole Diameter <u>10</u> in. to <u>185</u> ft., and _____ in. to _____ ft.									
		WELL WATER TO BE USED AS:									
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well									
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____									
		Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>									
5 TYPE OF BLANK CASING USED:											
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____											
Blank casing diameter <u>5"</u> in. to <u>160</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.											
Casing height above land surface <u>30</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. _____											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ 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											
SCREEN-PERFORATED INTERVALS: From <u>160</u> ft. to <u>180</u> ft., From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From <u>110</u> ft. to <u>180</u> ft., From _____ ft. to _____ ft.											
6 GROUT MATERIAL:											
1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From <u>100</u> ft. to <u>110</u> ft., From <u>0</u> ft. to <u>20</u> 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? <u>30</u>											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
0		20		Surface Clay							
20		25		White Rock							
25		38		Fine sand							
38		39		Hard Clay							
39		25		Hard, White, Rock							
65		88		Med. sand							
88		98		Hard, White, Rock							
98		120		Fine sand							
120		135		Hard Clay "Gray"							
135		140		White Rock							
140		165		Med. sand							
165		180		Large sand "Good"							
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>5-17-93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>444</u> This Water Well Record was completed on (mo/day/yr) <u>5-17-93</u> under the business name of <u>Anderson Drilling</u> by (signature) <u>Andy Anderson</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.											