

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Kawilms</u>	<u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	<u>15</u>	T <u>5</u> S	R <u>31</u> <u>E/W</u>
Distance and direction from nearest town or city street address of well if located within city?				

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10 N 2W REXFORD

2 WATER WELL OWNER: MARY J Dible
 RR#, St. Address, Box # : R+1 Box 111
 City, State, ZIP Code : Roxford, VT 05783

Board of Agriculture, Division of Water Resources
 Application Number:

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL... 35 ft. ELEVATION:

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 29 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:
 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 _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No _____

5	TYPE OF BLANK CASING USED: <i>wrt</i>		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued Clamped Welded Threaded
	1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	
	2 PVC	4 ABS	7 Fiberglass		

Blank casing diameter 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	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:		5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS:		From ft. to ft.,	From ft. to ft.
		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: 1 Neat cement ② Cement grout 3 Bentonite 4 Other
Grout Intervals: From 6 ft. to 0 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	<u>NONE</u>

Direction from well? *Down* How many feet? *100*

[illegible]

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) 11-23-88 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) 11/25/88 under the business name of _____ by (signature) Mark James Dible

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.