1 LOCATION OF WATER WELL

	Fraction					Section Number	Township Number	Range Number
County: **Rawlins**	SW	¼	SW	¼	SW	¼	32	T 5 S	R 35 E/(W)

Distance and direction from nearest town or city? **13N 4W Levant, Ks.** Street address of well if located within city?

2 WATER WELL OWNER: Willard Miller

RR#, St. Address, Box # :

City, State, ZIP Code: **Brewster, Kansas**

Board of Agriculture, Division of Water Resources
Application Number:

3 DEPTH OF COMPLETED WELL. 290 ....ft. Bore Hole Diameter.... 9 ....in. to .. 290 ....ft., and ....in. to ....ft.

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 Lawn and garden only   10 Observation well

Well's static water level ..... 135 .... ft. below land surface measured on ..... 5 ....month ... 3 .. day .. 80 ....year

Pump Test Data : 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   3 RMP (SR)   5 Wrought iron   8 Concrete tile   Casing Joints: <u>Glued</u>.....Clamped.......

2 PVC   4 ABS   6 Asbestos-Cement 9 Other (specify below)   Welded.........

                        7 Fiberglass   Threaded.........

Blank casing dia ..... 5 ....in. to .. 280 ....ft., Dia ....in. to ....ft., Dia ....in. to ....ft.

Casing height above land surface .. 12 ....in., weight ....lbs./ft. Wall thickness or gauge No ..... .188 ....

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-Perforation Dia ..... 5 ....in. to ....ft., Dia ....in. to ....ft., Dia ....in. to ....ft.

Screen-Perforated Intervals: From ..... 280 ....ft. to .. 290 ....ft., From ....ft. to ....ft.

                   From ....ft. to ....ft., From ....ft. to ....ft.

Gravel Pack Intervals: From ..... 20 ....ft. to .. 290 ....ft., From ....ft. to ....ft.

              From ....ft. to ....ft., From ....ft. to ....ft.

5 GROUT MATERIAL: 1 Neat cement   2 Cement grout   3 <u>Bentonite</u>   4 Other

Grouted Intervals: From ..... 0 ....ft. to .. 20 ....ft., From ....ft. to ....ft., From ....ft. to ....ft.

What is the nearest source of possible contamination:

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   **none**

Direction from well............ How many feet ....? Water Well Disinfected? Yes ... **X** ...No

Was a chemical/bacteriological sample submitted to Department? Yes ....No **X** : If yes, date sample

was submitted ....month........day........year: Pump Installed? Yes........No **XX**

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) <u>constructed</u>, (2) reconstructed, or (3) plugged under my jurisdiction and was

completed on ..... 5 ....month ... 3 .. day .. 80 ....year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 214

This Water Well Record was completed on ..... 9 ....month ... 30 .. day .. 80 ....year under the business

name of **BLUE JAY DRILLINGCCO, INC.**   by (signature) *Marilyn Rall*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0 80	80	top soil			
80	115	med gravel sandy clay			
115	155	med gravel(streaks)			
155	175	med gravel sandy clay (streaks) sandstone (streaks			
175	255	med graved fine sand			
255	275	fine sand med gravel sandy clay(streaksL) sandstone streaks			
275	290	med gravel			
290	293	ochre shale			

Section diagram: N / NW — NE / W — E / SW — SE / S, 1 Mile each direction, X marked in SW

ELEVATION: **upland**

Depth(s) Groundwater Encountered 135 .... 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.