

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																									
County: <u>Thomas</u>		<u>NW 1/4 SW 1/4 SE 1/4</u>		<u>2</u>		<u>T 7 S</u>		<u>R 31 E(W)</u>																									
Distance and direction from nearest town or city street address of well if located within city? <u>W. Kansas Ave.</u>																																	
2 WATER WELL OWNER: <u>Marcie Gilbert</u>																																	
RR#, St. Address, Box # : <u>40 Niva Bacon</u>						Board of Agriculture, Division of Water Resources																											
City, State, ZIP Code : <u>Rexford, KS. 67753</u>						Application Number:																											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>25</u> ft. ELEVATION:																															
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.																															
		WELL'S STATIC WATER LEVEL <u>Dry</u> 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:																																	
<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 _____; If yes, mo/day/yr sample was submitted _____																																	
Water Well Disinfected? Yes _____ No _____																																	
5 TYPE OF BLANK CASING USED:																																	
<input checked="" type="radio"/> 1 Steel <input type="radio"/> 3 RMP (SR) <input type="radio"/> 6 Asbestos-Cement <input type="radio"/> 9 Other (specify below) <input type="radio"/> 2 PVC <input type="radio"/> 4 ABS <input type="radio"/> 7 Fiberglass <input type="radio"/> 10 Asbestos-cement																																	
Blank casing diameter _____ in. to <u>25</u> 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:																																	
<input type="radio"/> 1 Steel <input type="radio"/> 3 Stainless steel <input type="radio"/> 5 Fiberglass <input type="radio"/> 8 RMP (SR) <input type="radio"/> 10 Asbestos-cement <input type="radio"/> 2 Brass <input type="radio"/> 4 Galvanized steel <input type="radio"/> 6 Concrete tile <input type="radio"/> 9 ABS <input type="radio"/> 12 None used (open hole)																																	
SCREEN OR PERFORATION OPENINGS ARE:																																	
<input type="radio"/> 1 Continuous slot <input type="radio"/> 3 Mill slot <input type="radio"/> 5 Gauzed wrapped <input type="radio"/> 8 Saw cut <input type="radio"/> 11 None (open hole) <input type="radio"/> 2 Louvered shutter <input type="radio"/> 4 Key punched <input type="radio"/> 6 Wire wrapped <input type="radio"/> 9 Drilled holes																																	
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																	
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																	
6 GROUT MATERIAL: <input type="radio"/> 1 Neat cement <input type="radio"/> 2 Cement grout <input checked="" type="radio"/> 3 Bentonite <input type="radio"/> 4 Other _____																																	
Grout intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																	
What is the nearest source of possible contamination:																																	
<input type="radio"/> 1 Septic tank <input type="radio"/> 4 Lateral lines <input type="radio"/> 7 Pit privy <input type="radio"/> 10 Livestock pens <input type="radio"/> 14 Abandoned water well <input type="radio"/> 2 Sewer lines <input type="radio"/> 5 Cess pool <input type="radio"/> 8 Sewage lagoon <input type="radio"/> 11 Fuel storage <input type="radio"/> 15 Oil well/Gas well <input type="radio"/> 3 Watertight sewer lines <input type="radio"/> 6 Seepage pit <input type="radio"/> 9 Feedyard <input type="radio"/> 12 Fertilizer storage <input type="radio"/> 16 Other (specify below) <u>None</u> <input type="radio"/> 13 Insecticide storage																																	
Direction from well? _____ How many feet? _____																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td rowspan="4" style="text-align: center;"> </td> <td></td> <td></td> <td rowspan="4" style="text-align: center;"> <u>Removed pad + 4' casing</u> <u>Clay-Sand mix</u> <u>Bentonite</u> <u>Top Soil</u> </td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS						<u>Removed pad + 4' casing</u> <u>Clay-Sand mix</u> <u>Bentonite</u> <u>Top Soil</u>												
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or <input checked="" type="radio"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6-6-89</u> 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) <u>6-7-89</u> under the business name of _____ by (signature) <u>Jim Simpson</u>																																	