

LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Thomas</u>	<u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>21</u>	<u>T</u> <u>7</u> <u>S</u>	<u>R</u> <u>32</u> <u>E/W</u>

Distance and direction from nearest town or city street address of well if located within city?

In Gem Ks

WATER WELL OWNER: Della Cox
 RR#, St. Address, Box # : Gem, Ks 67734
 City, State, ZIP Code : _____

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

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	DEPTH OF COMPLETED WELL. <u>246</u> ft. ELEVATION: _____
	Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>140</u> ft. below land surface measured on mo/day/yr <u>8-2-89</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield gpm: Well water was not tested after _____ hours pumping _____ gpm Bore Hole Diameter... <u>8</u> in. to _____ ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 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. <u>X</u>; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <u>X</u> No

TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass	Welded _____
Blank casing diameter <u>5</u> in. to <u>226</u> ft., Dia. in. to ft., Dia. in. to ft.			Threaded _____
Casing height above land surface <u>18</u> in., weight <u>1.8/10</u> lbs./ft. Wall thickness or gauge No. <u>1/4</u> "			
TYPE OF SCREEN OR PERFORATION MATERIAL:	7 PVC	10 Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
11 Other (specify) _____			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 <u>226</u> ft. to <u>246</u> ft., From ft. to ft.			
GRAVEL PACK INTERVALS: From <u>18</u> ft. to <u>246</u> ft., From ft. to ft.			

GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
Grout Intervals: From <u>4</u> ft. to <u>18</u> ft., From ft. to ft., From ft. to ft.				
What is the nearest source of possible contamination:	10 Livestock pens	14 Abandoned water well		
1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	

Direction from well? <u>west</u>	How many feet? <u>15</u>				
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	9	top soil			
9	75	sand and clay strips			
75	94	sand and sand rock strips			
94	149	sand and sandy strips			
149	185	sand and sand rock strips			
185	193	sand rock hard			
193	243	sand good			
243	246	oker and shale			

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) 8-2-89 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 139 This Water Well Record was completed on (mo/day/yr) 9-15-89 by (signature) Joyce Bartell

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.