

BBD

LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>Thomas</u>		<u>SE 1/4 NW 1/4 NW 1/4</u>	<u>24</u>	<u>T 7 S</u>	<u>R 32 E/W</u>		
Distance and direction from nearest town or city? <u>Gem</u> <u>2 1/4 East; 3/4 North</u>			Street address of well if located within city? <u>N/A</u>				
WATER WELL OWNER: <u>Roy Higerd</u>			Board of Agriculture, Division of Water Resources				
R#, St. Address, Box #			Application Number: <u>32,765</u>				
City, State, ZIP Code: <u>Gem, KS 67734</u>							
DEPTH OF COMPLETED WELL: <u>202</u> ft. Bore Hole Diameter: ..... in. to ..... ft., and ..... in. to ..... ft.							
Well Water to be used as:							
1 Domestic		3 Feedlot		5 Public water supply			
2 Irrigation		4 Industrial		6 Oil field water supply			
		7 Lawn and garden only		8 Air conditioning			
				9 Dewatering			
				10 Observation well			
				11 Injection well			
				12 Other (Specify below)			
Well's static water level: ..... ft. below land surface measured on ..... month ..... day ..... year							
Pump Test Data: Well water was: ..... ft. after ..... hours pumping: ..... gpm							
Test Yield: <u>2500</u> gpm: Well water was: ..... ft. after ..... hours pumping: ..... gpm							
TYPE OF BLANK CASING USED:							
1 Steel		3 RMP (SR)		5 Wrought iron			
2 PVC		4 ABS		6 Asbestos-Cement			
				7 Fiberglass			
				8 Concrete tile			
				9 Other (specify below)			
				Casing Joints: Glued ..... Clamped ..... Welded ..... Threaded .....			
Blank casing dia: ..... 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: ..... 188							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		3 Stainless steel		5 Fiberglass			
2 Brass		4 Galvanized steel		6 Concrete tile			
				7 PVC			
				8 RMP (SR)			
				9 ABS			
				10 Asbestos-cement			
				11 Other (specify)			
				12 None used (open hole)			
Screen or Perforation Openings Are:							
1 Continuous slot		3 Mill slot		5 Gauzed wrapped			
2 Louvered shutter		4 Key punched		6 Wire wrapped			
				7 Torch cut			
				8 Saw cut			
				11 None (open hole)			
Screen-Perforation Dia: ..... in. to ..... ft., Dia: ..... in. to ..... ft., Dia: ..... in. to ..... ft.							
Screen-Perforated Intervals: 4 From: ..... ft. to ..... ft., From: ..... ft. to ..... ft.							
6 From: ..... ft. to ..... ft., From: ..... ft. to ..... ft.							
Gravel Pack Intervals: From: ..... ft. to ..... ft., From: ..... ft. to ..... ft.							
From: <u>0</u> ft. to <u>222</u> ft., From: ..... ft. to ..... ft.							
GROUT MATERIAL:							
1 Neat cement		2 Cement grout		3 Bentonite			
				4 Other: <u>Concrete</u>			
Grouted Intervals: 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			
2 Sewer lines		5 Seepage pit		8 Feed yard			
3 Lateral lines		6 Pit privy		9 Livestock pens			
				10 Fuel storage			
				11 Fertilizer storage			
				12 Insecticide storage			
				13 Watertight sewer lines			
				14 Abandoned water well			
				15 Oil well/Gas well			
				16 Other (specify below)			
				<u>Farmstead</u>			
Direction from well: <u>ESE</u> How many feet: <u>8000</u> ? Water Well Disinfected? Yes: ..... No: <u>X</u>							
Was a chemical/bacteriological sample submitted to Department? Yes: ..... No: <u>X</u> If yes, date sample submitted: ..... month ..... day ..... year: Pump Installed? Yes: <u>X</u> No: ..... Volts: ..... HP: <u>80</u>							
Yes: Pump Manufacturer's name: <u>Floway</u> Model No: <u>10-10DOH</u> HP: <u>80</u> Volts: ..... Gal./min: <u>600</u>							
Depth of Pump Intake: <u>210</u> ft. Pumps Capacity rated at: ..... gal./min.							
Type of pump:							
1 Submersible		2 Turbine		3 Jet			
				4 Centrifugal			
				5 Reciprocating			
				6 Other			
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on ..... month ..... day ..... year.							
And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>245</u>							
This Water Well Record was completed on: ..... month ..... day ..... year under the business name of <u>Western Well &amp; Pump, Inc.</u> by (signature) <u>Roy F. Senior</u>							
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	48	Clay			
		48	78	Sand & Gravel			
		78	89	Coarse Sand & Gravel			
		89	107	Clay			
		107	117	Coarse Sand & Gravel			
		117	131	Clay			
		131	137	Coarse Sand & Gravel			
		137	171	Cemented Sand & Caliche			
		171	180	Coarse Sand & Gravel w/ Cement St.			
		180	215	Coarse Sand & Gravel			
		215	240	Ochre & Shale			
Depth(s) Groundwater Encountered: 1. .... 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.							