

1 LOCATION OF WATER WELL: County: Mitchell	Fraction NW 1/4 SE 1/4 NW 1/4	Section Number 32	Township Number T 7 S	Range Number R 6 E
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Distance and direction from nearest town or city street address of well if located within city?
1 1/2 West Asherville

2 WATER WELL OWNER: **Jim Webb**
 RR#, St. Address, Box # : **Asherville, Kansas 67415**
 City, State, ZIP Code :
 Board of Agriculture, Division of Water Resources
 Application Number:

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

N	NW	NE	E
X			
W	SW	SE	E
S			

4 DEPTH OF COMPLETED WELL... **43** ft. ELEVATION:

Depth(s) Groundwater Encountered 1..... ft. 2..... ft. 3..... ft.

WELL'S STATIC WATER LEVEL... **36** ft. below land surface measured on mo/day/yr **11/19/1981**

Pump test data: Well water was **NA** ft. after hours pumping gpm

Est. Yield **5-8** gpm: Well water was ft. after hours pumping gpm

Bore Hole Diameter... **8** in. to **43** 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"/> 11 Injection well
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 10 Observation well	<input type="checkbox"/> 12 Other (Specify below)

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="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped	
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	Welded	
		<input type="checkbox"/> 7 Fiberglass			Threaded

Blank casing diameter... **5** in. to **23** ft., Dia..... in. to ft., Dia..... in. to ft.

Casing height above land surface... **12** in., weight..... **3** lbs./ft. Wall thickness or gauge No. **.258**

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 11 Other (specify)
				<input type="checkbox"/> 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
		<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From... **23** ft. to **43** ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From... **10** ft. to **43** ft., From..... ft. to..... ft.

6 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From... **0** ft. to **10** ft., From..... ft. to..... ft., From..... ft. to..... ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below)
			<input type="checkbox"/> 13 Insecticide storage	Creek or River

Direction from well? **North** How many feet? **1000**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	topsoil			
3	20	light brown clay			
20	28	dark brown clay			
28	42	sand /w coarse gravel			
42	43	blue clay			
43		stop			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **November 19, 1981** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **359** This Water Well Record was completed on (mo/day/yr) **11/20/1981** under the business name of **Daryl Cox & Sons Inc.** by (signature) *Daryl Cox*

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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

T

7

R

6

EW

SEC.

37

NW SE 1/4

NW