

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number	
County: <b>Cloud</b>		<b>SE 1/4 SE 1/4 SE 1/4</b>		<b>5</b>		<b>T 8 S</b>		<b>R 1 E/W</b>	
Distance and direction from nearest town or city? <b>2 North Miltonvale</b>				Street address of well if located within city?					

  

2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources	
RR#, St. Address, Box # : <b>Bill Graham</b>		Application Number:	
City, State, ZIP Code : <b>Miltonvale, Kansas 67466</b>			

  

3 DEPTH OF COMPLETED WELL <b>139</b> ft. Bore Hole Diameter <b>8</b> in. to <b>139</b> ft. and in. to ft.			
Well Water to be used as:		11 Injection well	
<input checked="" type="checkbox"/> Domestic 3 Feedlot		12 Other (Specify below)	
2 Irrigation 4 Industrial			
7 Lawn and garden only		10 Observation well	
Well's static water level <b>60</b> ft. below land surface measured on <b>March</b> month <b>7</b> day <b>1981</b> year			
Pump Test Data <b>30 +</b> gpm:		Well water was <b>NA</b> ft. after hours pumping gpm	
Est. Yield		Well water was ft. after hours pumping gpm	

  

4 TYPE OF BLANK CASING USED:		5 Wrought iron		8 Concrete tile		Casing Joints: Glued <input checked="" type="checkbox"/> Clamped	
1 Steel		3 RMP (SR)		6 Asbestos-Cement		Welded	
<input checked="" type="checkbox"/> PVC		4 ABS		7 Fiberglass		Threaded	
Blank casing dia <b>5</b> in. to <b>119</b> ft. Dia in. to ft. Dia in. to ft.							
Casing height above land surface <b>12</b> in. weight <b>3</b> lbs./ft. Wall thickness or gauge No <b>258</b>							
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> PVC		10 Asbestos-cement			
1 Steel		3 Stainless steel		5 Fiberglass		8 RMP (SR)	
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS	
Screen or Perforation Openings Are:		5 Gauzed wrapped		<input checked="" type="checkbox"/> 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 <b>5</b> in. to <b>139</b> ft. Dia in. to ft. Dia in. to ft.							
Screen-Perforated Intervals:		From <b>119</b> ft. to <b>139</b> ft. From ft. to ft. From ft. to ft.					
Gravel Pack Intervals:		From <b>10</b> ft. to <b>139</b> ft. From ft. to ft. From ft. to ft.					

  

5 GROUT MATERIAL:		1 Neat cement		<input checked="" type="checkbox"/> Cement grout		3 Bentonite		4 Other	
Grouted Intervals: From <b>0</b> ft. to <b>10</b> ft. From ft. to ft. From ft. to ft.									
What is the nearest source of possible contamination:		10 Fuel storage		14 Abandoned water well					
1 Septic tank		4 Cess pool		7 Sewage lagoon		11 Fertilizer storage		15 Oil well/Gas well	
2 Sewer lines		5 Seepage pit		8 Feed yard		12 Insecticide storage		16 Other (specify below)	
3 Lateral lines		6 Pit privy		<input checked="" type="checkbox"/> Livestock pens		13 Watertight sewer lines			
Direction from well <b>WEST</b> How many feet <b>50</b> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No									
Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date sample was submitted month day year Pump Installed? Yes No <input checked="" type="checkbox"/>									
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) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <b>March</b> month <b>3</b> day <b>1981</b> year			
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>359</b>			
This Water Well Record was completed on <b>March</b> month <b>9</b> day <b>1981</b> year under the business name of <b>Daryl Cox &amp; Sons Inc.</b> by (signature) <i>Daryl Cox</i>			

  

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	3	topsoil			
	3	21	brown clay			
	21	50	red clay			
	50	55	sandrock			
	55	61	blue clay w/ sandrock			
	61	95	red clay			
	95	140	sandrock			
	140	stop				

  

ELEVATION: <b>1446</b>	Depth(s) Groundwater Encountered 1. <b>60</b> ft. 2. ft. 3. ft. 4. ft.	(Use a second sheet if needed)
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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.

OFFICE USE ONLY

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R

FWD

SEC.

SE 1/4 SE 1/4 SE 1/4