

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>Cloud</u>		<u>SW</u> ¼ <u>SE</u> ¼ <u>NE</u> ¼	<u>29</u>	<u>T</u> <u>8</u> <u>S</u>	<u>R</u> <u>2</u> <u>SW</u>		
Distance and direction from nearest town or city? <u>5 west 1 ¼ south</u>			Street address of well if located within city? <u>Miltonvale</u>				
2 WATER WELL OWNER: <u>Mike Richards</u>							
RR#, St. Address, Box # : <u>R Route</u>			Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : <u>Miltonvale, Kansas 67466</u>			Application Number:				
3 DEPTH OF COMPLETED WELL <u>180</u> ft. Bore Hole Diameter <u>8</u> in. to <u>180</u> 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	<u>Stock water well</u>			
Well's static water level <u>60</u> ft. below land surface measured on _____		Pump Test Data		Well water was <u>na</u> ft. after _____ hours pumping _____ gpm			
Est. Yield <u>30</u> gpm		Well water was <u>na</u> ft. after _____ hours pumping _____ gpm					
4 TYPE OF BLANK CASING USED:							
1 Steel		3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____		
2 PVC		4 ABS	7 Fiberglass	Threaded _____			
Blank casing dia <u>160</u> 5" in. to <u>180</u> 160 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		Casing height above land surface <u>12</u> in. weight <u>3</u> lbs./ft. Wall thickness or gauge No. <u>258</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) _____		
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	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-Perforation Dia <u>5</u> in. to _____ ft. Dia _____ in. to _____ ft.		Screen-Perforated Intervals: From <u>160</u> ft. to <u>180</u> ft. From _____ ft. to _____ ft.					
Gravel Pack Intervals: From <u>13</u> ft. to <u>180</u> ft. From _____ ft. to _____ ft.							
5 GROUT MATERIAL:							
1 Neat cement		2 Cement grout	3 Bentonite	4 Other _____			
Grouted Intervals: From <u>3</u> ft. to <u>13</u> ft. From _____ ft. to _____ ft.							
What is the nearest source of possible contamination:							
1 Septic tank		4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well		
2 Sewer lines		5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well		
3 Lateral lines		6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below)		
Direction from well <u>west</u>		How many feet <u>60</u>		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____			
Was a chemical/bacteriological sample submitted to Department? Yes _____ 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 <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>November</u> month <u>13</u> day <u>1979</u> year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>359</u>							
This Water Well Record was completed on <u>November</u> month <u>26</u> day <u>1979</u> year under the business name of <u>Daryl Cox & Sons Inc.</u> by (signature) <u>Daryl Cox</u>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	3	Topsoil	109	137	Blue clay
		3	14	Brown clay	137	180	Sandrock
		14	23	sandrockw/clay layer	180	180	Stop
		23	42	sandrock			
		42	53	Red clay			
		53	64	Sandrock			
		64	68	Gray Clay			
		68	83	red clay			
		83	88	sandrock			
		88	96	Blue clay			
ELEVATION: <u>1030</u>		96	109	Red clay			
Depth(s) Groundwater Encountered 1. <u>3.4</u> ft. 2. <u>55</u> ft. 3. <u>84</u> ft. 4. <u>140</u> 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.							

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