

LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>THOMAS</u>	<u>NE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	<u>13</u>	T <u>8</u> S	R <u>35</u> <u>EW</u>

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

1 1/2 miles SE OF LEVANT, KANSAS

WATER WELL OWNER: MELVERNE G. HEBLE

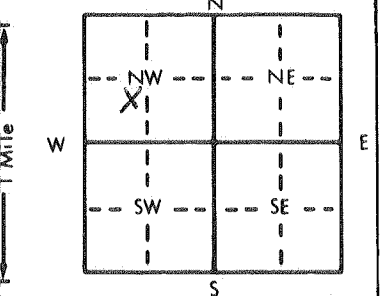
City, State, ZIP Code : WESTMINSTER, CO 80030

Board of Agriculture, Division of Water Resources

Application Number: NONE

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

4 DEPTH OF COMPLETED WELL... 159 ..... ft. ELEVATION: .....



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

WELL'S STATIC WATER LEVEL 15.1 ft. below land surface measured on mo/day/yr 7-17-87

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

Est. Yield . . . . . gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

Bore Hole Diameter . . . . . 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.....; If yes, mo/day/yr sample was sub-

Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED:

5 Wrought iron                      8 Concrete tile                      CASING JOINTS: Glued . . . . . Clamped . . . . .

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded .....
2 PVC	4 ABS	7 Fiberglass	.. GALVANIZED... STEEL	Threaded .....

Blank casing diameter . . . 5 . . . 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. ....

TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement

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-PERFORATED INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.

From ..... ft. to ..... ft.; From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....

Grout Intervals: From ..... ft. to ..... 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
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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    ..... *None* .....

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
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[illegible]

7 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) 7-17-87 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. \_\_\_\_\_ This Water Well Record was completed on (mo/day/yr) 7-17-87  
under the business name of \_\_\_\_\_ by (signature) Melvorne J. Holt

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.