

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Sherman</u>		<u>N 7/4 W 1/4 S 1/4 E 1/4</u>	<u>14</u>	<u>T 8 S</u>	<u>R 39 E (W)</u>
Distance and direction from nearest town or city? <u>Four West And 1/2 North Of Goodland Kansas</u>			Street address of well if located within city?		

2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # : <u>101 Broadway</u>		Application Number:
City, State, ZIP Code : <u>Goodland, Kansas 67735</u>		<u>Well # 2</u>

3 DEPTH OF COMPLETED WELL: <u>181</u> ft. Bore Hole Diameter: <u>9 1/2</u> in. to <u>181</u> ft. and _____ in. to _____ ft.	
Well Water to be used as:	
1 Domestic	3 Feedlot
2 Irrigation	4 Industrial
5 Public water supply	6 Oil field water supply
7 Lawn and garden only	8 Air conditioning
9 Observation well	10 Observation well
Well's static water level <u>150</u> ft. below land surface measured on _____ month <u>10</u> day <u>80</u> year	
Pump Test Data	Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield _____ gpm	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	9 Other (specify below)	Welded _____
2 Brass	4 ABS	7 Fiberglass		Threaded _____
Blank casing dia <u>8</u> in. to <u>181</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		Casing height above land surface <u>3' Below Ground Level</u> lbs./ft. Wall thickness or gauge No. <u>250</u>		
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 Brass	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 Brass	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>8</u> in. to <u>141</u> ft. Dia <u>8</u> in. to <u>181</u> ft. Dia _____ in. to _____ ft.				
Screen-Perforated Intervals:				
From _____ ft. to _____ ft. From _____ ft. to _____ ft.				
Gravel Pack Intervals:				
From <u>Top Ground</u> ft. to <u>181</u> ft. From _____ ft. to _____ ft.				

5 GROUT MATERIAL:		1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
Grouted Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Fuel storage			
1 Septic tank	4 Cess pool	7 Sewage lagoon	11 Fertilizer storage	14 Abandoned water well	
2 Sewer lines	5 Seepage pit	8 Feed yard	12 Insecticide storage	15 Oil well/Gas well	
3 Lateral lines	6 Pit privy	9 Livestock pens	13 Watertight sewer lines	16 Other (specify below)	
Direction from well _____ How many feet _____ ?		Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____		If yes, date sample was submitted _____ month _____ day _____ year			
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 _____ month <u>12</u> day <u>10</u> year <u>83</u>	
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>144</u>	
This Water Well Record was completed on _____ month <u>8</u> day <u>15</u> year <u>83</u>	
name of <u>Foust Supply Co Inc</u> by (signature) <u>Dorothy Foust</u>	

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	6	topsoil	126	129	sandstone
	6	44	clay	129	164	gravel
	44	50	gravel	164	169	sandstone
	50	58	clay	169	181	gravel
	58	66	gravel			
	66	68	clay			
	68	87	gravel			
	87	90	sandstone			
	90	96	gravel			
ELEVATION:	105	126	gravel			

Depth(s) Groundwater Encountered	1. _____ 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.