

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Rooks</u>	<u>NE</u> ¼ <u>NE</u> ¼ <u>NW</u> ¼	<u>26</u>	<u>T</u> <u>9</u> <u>S</u>	<u>R</u> <u>18</u> <u>EW</u>

Distance and direction from nearest town or city? 1 mile north of Plainville
 Street address of well if located within city?

WATER WELL OWNER: Delbert Ostrom
 CR#, St. Address, Box # : 509 S. Cochran
 City, State, ZIP Code : Plainville, KS 67663
 Board of Agriculture, Division of Water Resources
 Application Number:

DEPTH OF COMPLETED WELL: 69 ft. Bore Hole Diameter: 12 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	9 Dewatering
2 Irrigation	4 Industrial	10 Observation well
6 Oil field water supply	7 Lawn and garden only	12 Other (Specify below)

Well's static water level: 33 ft. below land surface measured on May month 23 day 1981 year
 Pump Test Data : Well water was 33 ft. after 2 1/2 hours pumping 15 gpm
 Test Yield 15 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Casing Joints: <u>X</u> Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass		Welded _____
				Threaded _____

Blank casing dia: 6 in. to 34 ft., Dia: 6 in. to 69 ft., Dia: _____ in. to _____ ft.
 Casing height above land surface: 24 in., weight 3.58 lbs./ft. Wall thickness or gauge No. 280

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)
				12 None used (open hole)

Screen or Perforation Openings Are:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify)	

Screen-Perforation Dia: 6 in. to 64 ft., Dia: _____ in. to _____ ft., Dia: _____ in. to _____ ft.

Screen-Perforated Intervals: From 34 ft. to 64 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Travel Pack Intervals: From 15 ft. to 69 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From 0 ft. to 15 ft., From _____ ft. to _____ 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)
			13 Watertight sewer lines	<u>none</u>

Direction from well: _____ How many feet: _____ ? Water Well Disinfected? Yes X No _____

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, date sample submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No X

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

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on May month 23 day 1981 year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 285
 This Water Well Record was completed on June month 1 day 1981 year under the business name of Jones Brothers Water Well Service by (signature) James F. Jones

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	18	loam and clay			
	18	32	sand and clay			
	32	61	sand			
	61	65	clay			
	65	69	blue shale			
ELEVATION: level						

Depth(s) Groundwater Encountered 1 34 ft. 2 60 ft. 3 _____ ft. 4 _____ 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.

OFFICE USE ONLY
T
R
15
EW
SEC
26
NE 1/4
NW 1/4