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LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Rooks</u>	<u>NW</u> 1/4 <u>SW</u> 1/4 <u>SE</u> 1/4	<u>29</u>	<u>T 9 S</u>	<u>R 20 EW</u>

Distance and direction from nearest town or city? 1 South, 2 West of Palco, Kansas

Street address of well if located within city?

WATER WELL OWNER: Palco Rural Water District

RR#, St. Address, Box #: c/o R.F. McLaughlin Board of Agriculture, Division of Water Resources

City, State, ZIP Code: 1735 Cable, ~~Roxa~~ Phillipsburg, Kansas 67661 Application Number:

DEPTH OF COMPLETED WELL: 109 ft. Bore Hole Diameter: 12 in. to _____ ft., and _____ in. to _____ ft.

Well Water to be used as:

<u>5</u> <u>5 Public water supply</u>	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
		9 Dewatering
		10 Observation well
		12 Other (Specify below)

Well's static water level: 85 ft. below land surface measured on October month 1 day 1981 year

Pump Test Data: Well water was 100 ft. after 1 hours pumping. 45 gpm

Est. Yield 118 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

TYPE OF BLANK CASING USED:

<u>2</u> Wrought iron	8 Concrete tile	Casing Joints: <u>X</u> Glued <u>X</u> Clamped
1 Steel	3 RMP (SR)	Welded
<u>2</u> PVC	4 ABS	Threaded
	6 Asbestos-Cement	
	9 Other (specify below)	
	7 Fiberglass	

Blank casing dia: 6 in. to 9 1/4 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: 2 1/2 in., weight 200 lbs./ft. Wall thickness or gauge No. 21

TYPE OF SCREEN OR PERFORATION MATERIAL:

<u>7</u> PVC	10 Asbestos-cement
1 Steel	3 Stainless steel
2 Brass	4 Galvanized steel
	5 Fiberglass
	6 Concrete tile
	8 RMP (SR)
	9 ABS
	11 Other (specify)
	12 None used (open hole)

Screen or Perforation Openings Are:

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

Screen-Perforation Dia: 6 in. to 109 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From 9 1/4 ft. to 109 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From 26 ft. to 109 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

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

Grouted Intervals: From 6 ft. to 26 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination: NONE

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 was submitted _____ month _____ day _____ year Pump Installed? Yes _____ No X

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

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

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 199

This Water Well Record was completed on October month 7 day 1981 year under the business name of Karst Water Well Service by (signature) MB Karst

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	4	Topsoil		
	4	10	Brown clay			
	10	18	White rock and fine sand			
	18	83	Sandy clay			
	83	107	Sand			
	107	109	Shale			

ELEVATION: Upland

Depth(s) Groundwater Encountered 1 83 ft. 2 _____ 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

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