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|---|------------|--|---|--|----------------|---------------------|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number | |
| County: Sheridan | | NE 1/4 SE 1/4 SE 1/4 | 27 | T 9 S | R 30 EW | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | |
| 2 WATER WELL OWNER: Eugene Schwarz | | | | | | |
| RR#, St. Address, Box # : Rt 1, Box 41 | | | Board of Agriculture, Division of Water Resources | | | |
| City, State, ZIP Code : Grinnell, KS 67738 | | | Application Number: | | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL 200 ft. ELEVATION: | | | | |
| | | Depth(s) Groundwater Encountered 1 ft 2 ft 3 ft ft. | | | | |
| | | WELL'S STATIC WATER LEVEL NA ft. below land surface measured on mo/day/yr | | | | |
| | | 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 8 in. to 210 ft. and _____ in. to _____ ft. | | WELL WATER TO BE USED AS: | | | | |
| <input checked="" type="checkbox"/> 1 Domestic 3 Feed lot 6 Oil field water supply 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well | | <input type="checkbox"/> 5 Public water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ | | | | | | |
| Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____ | | | | | | |
| 5 TYPE OF BLANK CASING USED: | | | | | | |
| <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS | | <input type="checkbox"/> 5 Wrought Iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) | | CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped | | |
| Blank casing diameter 4.5 in. to 160 ft. Dia | | in. to _____ ft. Dia | | in. to _____ ft. Dia | | |
| Casing height above land surface 18 in., weight 2.38 lbs./ft. | | Wall thickness or gauge No. .248 | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | |
| <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile | | <input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 9 ABS <input type="checkbox"/> 10 Asbestos-cement | | <input type="checkbox"/> 11 Other (specify) _____ <input type="checkbox"/> 12 None used (open hole) | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | |
| <input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched | | <input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes | | <input type="checkbox"/> 11 None (open hole) | | |
| SCREEN-PERFORATED INTERVALS: | | SCREEN-PERFORATED INTERVALS: | | | | |
| From 160 ft. to 200 ft. | | From _____ ft. to _____ ft. | | | | |
| GRAVEL PACK INTERVALS: | | GRAVEL PACK INTERVALS: | | | | |
| From 20 ft. to 200 ft. | | From _____ ft. to _____ ft. | | | | |
| 6 GROUT MATERIAL: | | | | | | |
| <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other | | GROUT INTERVALS: From 0 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. | | | | |
| What is the nearest source of possible contamination: | | | | | | |
| <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard | | <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/ Gas well <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) _____ <input type="checkbox"/> 13 Insecticide storage <input checked="" type="checkbox"/> None | | | | |
| Direction from well? _____ How many feet? _____ | | | | | | |
| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
| 0 | 2 | | Surface | 200 | 210 | Yellow ochre |
| 2 | 16 | | Loess | | | |
| 16 | 22 | | Clay w/ caliche strks | | | |
| 22 | 55 | | Clay & caliche w/sand lenses | | | |
| 55 | 66 | | Fine & med sand w/clay & Caliche lenses | | | |
| 66 | 89 | | Fine & med sand w/clay & Caliche strks | | | |
| 89 | 118 | | Fine & med sand w/clay lenses | | | |
| 118 | 133 | | Clay & caliche w/sand strks | | | |
| 133 | 155 | | Fine to some med sand w/clay & caliche strks | | | |
| 155 | 200 | | Fine & med sand w/clay & Caliche strks | | | |
| 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/yr) 2-26/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 783 This Water Well Record was completed on (mo/day/yr) 3-30-09 under the business name of Woofter Pump & Well Inc. by (signature) <i>D. V. [Signature]</i> | | | | | | |
| INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. | | | | | | |

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