

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>THOMAS</u>		<u>NE 1/4 NE 1/4 SE 1/4</u>	<u>20</u>	<u>T 9 S</u>	<u>R 31 E</u>
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: <u>RALPH ALBERI</u>					
RR#, St. Address, Box #: <u>HCI Box 128</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: <u>OKLEY, KS 67748</u>			Application Number: <u>N/A</u>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>60'</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <u>3'</u> 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 .... in. to .... ft., and .... in. to .... ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)			
		<input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes ..... No .....			
5 TYPE OF BLANK CASING USED:					
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input 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: Glued ..... Clamped .....	
Blank casing diameter <u>5 1/2</u> in. to .... ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.				Welded .....	
Casing height above land surface .... in., weight .... lbs./ft. Wall thickness or gauge No. ....				Threaded .....	
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"/> 8 RMP (SR) <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <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 type="checkbox"/> 8 Saw cut <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes		<input type="checkbox"/> 11 None (open hole)	
		<input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) .....			
SCREEN-PERFORATED INTERVALS: From .... ft. to .... ft., From .... ft. to .... ft.					
GRAVEL PACK INTERVALS: From .... ft. to .... ft., From .... ft. to .... ft.					
6 GROUT MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other					
Grout Intervals: From <u>3</u> ft. to <u>0</u> 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	
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			<u>60'</u>	<u>57'</u>	<u>SAND</u>
			<u>57'</u>	<u>3'</u>	<u>DIRT</u>
			<u>3'</u>	<u>0'</u>	<u>CEMENT</u>
DIVISION OF ENVIRONMENT					
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) <u>NOV 1989</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>NA</u> This Water Well Record was completed on (mo/day/yr) <u>12/18/89</u> under the business name of _____ by (signature) <u>Ralph Alberi</u>					

OFFICE USE ONLY

T

R

EW

SEC.

1/4

1/4

1/4