

1 LOCATION OF WATER WELL: County: Ottawa Fraction: NW $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$ Section Number: 16 Township Number: T 9 S Range Number: R 4 EW

Distance and direction from nearest town or city street address of well if located within city?
201 W. First, Delphos, Kansas

2 WATER WELL OWNER: Dwayne Kaiser
 RR#, St. Address, Box #: 201 W. First
 City, State, ZIP Code: Delphos, Kansas

Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL: 68 ft. ELEVATION: _____

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

WELL'S STATIC WATER LEVEL _____ 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 70 in. and _____ in. to _____ in.

WELL WATER TO BE USED AS:

<input type="radio"/> 1 Domestic	<input type="radio"/> 3 Feedlot	<input type="radio"/> 6 Oil field water supply	<input type="radio"/> 8 Air conditioning	<input type="radio"/> 11 Injection well
<input type="radio"/> 2 Irrigation	<input type="radio"/> 4 Industrial	<input type="radio"/> 7 Lawn and garden only	<input type="radio"/> 9 Dewatering	<input type="radio"/> 12 Other (Specify below)

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 type="radio"/> 1 Steel	<input type="radio"/> 3 RMP (SR)	<input type="radio"/> 5 Wrought iron	<input type="radio"/> 8 Concrete tile	CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped
<input checked="" type="radio"/> 2 PVC	<input type="radio"/> 4 ABS	<input type="radio"/> 6 Asbestos-Cement	<input type="radio"/> 9 Other (specify below)	<input type="checkbox"/> Welded
		<input type="radio"/> 7 Fiberglass		<input type="checkbox"/> Threaded

Blank casing diameter: 5 in. to 28 in. Dia. 5 in. to 68 in. Dia. _____ in. to _____ in.

Casing height above land surface: 24 in. weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

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

SCREEN OR PERFORATION OPENINGS ARE:

<input type="radio"/> 1 Continuous slot	<input checked="" type="radio"/> 3 Mill slot	<input type="radio"/> 5 Gauzed wrapped	<input type="radio"/> 8 Saw cut	<input type="radio"/> 11 None (open hole)
<input type="radio"/> 2 Louvered shutter	<input type="radio"/> 4 Key punched	<input type="radio"/> 6 Wire wrapped	<input type="radio"/> 9 Drilled holes	
		<input type="radio"/> 7 Torch cut	<input type="radio"/> 10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From 28 ft. to 48 ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 70 ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 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="radio"/> 1 Septic tank	<input type="radio"/> 4 Lateral lines	<input type="radio"/> 7 Pit privy	<input type="radio"/> 10 Livestock pens	<input type="radio"/> 14 Abandoned water well
<input type="radio"/> 2 Sewer lines	<input type="radio"/> 5 Cess pool	<input type="radio"/> 8 Sewage lagoon	<input type="radio"/> 11 Fuel storage	<input type="radio"/> 15 Oil well/Gas well
<input type="radio"/> 3 Watertight sewer lines	<input type="radio"/> 6 Seepage pit	<input type="radio"/> 9 Feedyard	<input type="radio"/> 12 Fertilizer storage	<input checked="" type="radio"/> 16 Other (specify below)
			<input type="radio"/> 13 Insecticide storage	<u>Unknown</u>

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Clay, dark organic			
2	6	Clay, silty, gray brown			
6	8	Clay, grayish brown, sandy, silty			
8	17	Sand, fine to medium, clayey			
17	20	Sand, fine to coarse, clay shams, red			
20	25	Sand, fine to medium, clayey			
25	30	Clay, brown, silty			
30	37	Clay, grayish brown, silty, sandy			
37	41	Clay, dark gray, silty			
41	44	Clay, red, with light gray, silty, sandy, hard			
44	70	Clay, reddish brown & light gray (shale)			

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) 6/5/00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 7/5/00 under the business name of Geolore Services, Inc. by (signature) Dale Bell

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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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