

1 LOCATION OF WATER WELL  
 County: CLAY Fraction NW 1/4 NW 1/4 SW 1/4 Section Number 27 Township Number T 10 S Range Number R 4 E

Distance and direction from nearest town or city? 1 W - 4 P - 3 E Street address of well if located within city?  
153 WAKEFIELD

2 WATER WELL OWNER: JACK TAURLOW  
 RR#, St. Address, Box #: RT 1 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: WAKEFIELD, KANSAS 67487 Application Number:

3 DEPTH OF COMPLETED WELL: 140 ft. Bore Hole Diameter: 8 in. to 140 ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Well Water to be used as:  
 1 Domestic  2 Irrigation  3 Feedlot  4 Industrial  5 Public water supply  6 Oil field water supply  7 Lawn and garden only  8 Air conditioning  9 Dewatering  10 Observation well  11 Injection well  12 Other (Specify below)

Well's static water level: 96 ft. below land surface measured on \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year  
 Pump Test Data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield: 15 gpm. Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel  2 PVC  3 RMP (SR)  4 ABS  5 Wrought iron  6 Asbestos-Cement  7 Fiberglass  8 Concrete tile  9 Other (specify below) Casing Joints:  Glued  Clamped  Welded  Threaded.  
 Blank casing dia: 5 in. to 120 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: 12 in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. 258

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel  2 Brass  3 Stainless steel  4 Galvanized steel  5 Fiberglass  6 Concrete tile  7 RMP (SR)  8 ABS  9 Asbestos-cement  10 Asbestos-cement  11 Other (specify)  12 None used (open hole)  
 Screen or Perforation Openings Are:  
 1 Continuous slot  2 Louvered shutter  3 Mill slot  4 Key punched  5 Gauzed wrapped  6 Wire wrapped  7 Torch cut  8 Saw cut  9 Drilled holes  10 Fuel storage  11 None (open hole)  12 Other (specify)

5 GROUT MATERIAL:  Neat cement  2 Cement grout  3 Bentonite  4 Other  
 Grouted Intervals: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank  2 Sewer lines  3 Lateral lines  4 Cess pool  5 Seepage pit  6 Pit privy  7 Sewage lagoon  8 Feed yard  9 Livestock pens  10 Fuel storage  11 Fertilizer storage  12 Insecticide storage  13 Watertight sewer lines  14 Abandoned water well  15 Oil well/Gas well  16 Other (specify below)  
 Direction from well: SE How many feet: 250 ? Water Well Disinfected? Yes  No   
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No  If yes, date sample was submitted \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year Pump installed? Yes \_\_\_\_\_ No   
 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

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 4-16-80 month \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 359  
 This Water Well Record was completed on \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year under the business name of DARYL COX & SONS INC by (signature)

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG		LITHOLOGIC LOG	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO
	0	3						
	3	10			TOPSOIL			
	10	15			BROWN CLAY			
	15	23			LIMESTONE			
	23	31			BLUE CLAY			
	31	53			BLUE CLAY w/ LIMESTONE LAYERS			
	53	59			RED CLAY			
	59	68			BLUE CLAY w/ LIMESTONE LAYERS			
	68	113			BLUE CLAY			
	113	138			RED CLAY w/ LIMESTONE LAYERS			
	128			LIMESTONE				
	140			BLUE CLAY - STOP				

ELEVATION: \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_ 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.