

105 McFarland

102 R

1 LOCATION OF WATER WELL	Fraction <u>SE 1/4</u>	Section Number <u>11</u>	Township Number T <u>11</u> S	Range Number R <u>10</u> E
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County: Wabunsee Distance and direction from nearest town or city? McFarland 1 mile north Street address of well if located within city? 25

2 WATER WELL OWNER: McFarland Board of Agriculture, Division of Water Resources
 RR#, St. Address, Box # 6650 Application Number:
 City, State, ZIP Code Rayns Kans

3 DEPTH OF COMPLETED WELL: 100 ft. Bore Hole Diameter: 1.0 in. to 1.8 ft., and 6 1/2 in. to 100 ft.
 Well Water to be used as:
 Domestic 3 Feedlot 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: 22 ft. below land surface measured on aug month 4 day 1980 year
 Pump Test Data: Est. Yield 1/2 gpm. Well water was _____ ft. after _____ hours pumping. 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 20 ft., Dia 1.8 in. to 20 ft., Dia _____ in. to _____ in. to _____ ft. Dia _____ in. to _____ in. to _____ ft.
 Casing height above land surface 18 in., weight 2.67 lbs./ft. Wall thickness or gauge No. 2.67 Wall
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)
 Screen or Perforation Openings Are: 0.040 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 6 Wire wrapped 7 Torch cut 9 Drilled holes 10 Other (specify) _____
 Screen-Perforation Dia 5 in. to 100 ft., Dia _____ in. to _____ in. to _____ ft., Dia _____ in. to _____ in. to _____ ft.
 Screen-Perforated Intervals: From 20 ft. to 100 ft., From _____ ft. to _____ ft. to _____ ft. to _____ ft. to _____ ft. to _____ ft.
 Gravel Pack Intervals: From 18 ft. to 100 ft., From _____ ft. to _____ ft. to _____ ft. to _____ ft. to _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 8 ft. to 18 ft., From _____ ft. to _____ ft. to _____ ft. to _____ ft. to _____ ft. to _____ ft.
 What is the nearest source of possible contamination: Pond 10 Fuel storage 14 Abandoned water well
 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 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 15 Oil well/Gas well 16 Other (specify below) _____
 Direction from well east How many feet 75 ? 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 NA 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 (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on aug 4 month 4 day 1980 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 237
 This Water Well Record was completed on aug 4 month 4 day 1980 year under the business name of Strader Drilling Co. by (signature) Harold Strader

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	6	3	top soil, black			
	3	18	clay, yellow			
	18	21	Rock, sand blue			
	21	24	Rock, white lime.			
	24	100	Shale, Blue			

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: (See diagram above)
 ELEVATION: 1040 ft.
 Depth(s) Groundwater Encountered 1. 2.2 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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SEC
SE 1/4
SW 1/4