

137

McFarland

11

1 LOCATION OF WATER WELL
 County: WABAUNSEE Fraction: NW 1/4 NW 1/4 NW 1/4 Section Number: 31 Township Number: T 11 S Range Number: R 11 E

Distance and direction from nearest town or city? NW CORNER OF CITY Street address of well if located within city?

2 WATER WELL OWNER: McFARLAND CITY OF
 RR#, St. Address, Box #: 66501 City, State, ZIP Code: WELL NO I EAST WELL
 Board of Agriculture, Division of Water Resources Application Number: 35730

3 DEPTH OF COMPLETED WELL: 38 ft. Bore Hole Diameter: 10 in. to 38 ft., and _____ in. to _____ ft.

Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well

Well's static water level: 15 ft. below land surface measured on 8 month 26 day 81 year
 Pump Test Data: Well water was 27' ft. after 4 hours pumping. 30 gpm
 Est. Yield gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued Clamped
 2 PVC SDA 21 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded

Blank casing dia: 5 in. to 27 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight _____ lbs./ft. Wall thickness or gauge No. 265

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify)
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

Screen or Perforation Openings Are:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify)

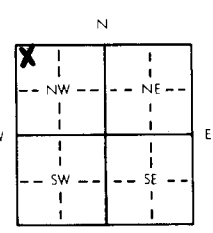
Screen-Perforation Dia: 3/8 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 27 ft. to 38 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 25 ft. to 38 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From 0 ft. to 25 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 13 Watertight sewer lines

Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes No
 Was a chemical bacteriological sample submitted to Department? Yes No If yes, date sample was submitted 8 month 28 day 81 year Pump Installed? Yes No
 If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at 20 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 OCT month 20 day 81 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 119
 This Water Well Record was completed on NOV month 4 day 81 year under the business name of JUNGMAN Bros Drilling Co by (signature) James B. Jungman

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

 FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG
0 3 SOIL BLACK _____ _____
3 15 YELLOW CLAY _____ _____
15 26 BLUE CLAY _____ _____
26 27 BLUE CLAY AND GRAVEL MOST OF WATER
27 31 BLUE CLAY LARGE GRAVEL _____ _____
31 36 GRAVEL AND CLAY _____ _____
36 38 GRAVEL SOME CLAY _____ _____
38 _____ SHALE DARK _____ _____
PITLESS UNIT
MEMILL SP 5 AND
PUMP TO BE INSTALLED
BY OTHER'S

ELEVATION: 1058 pm

Depth(s) Groundwater Encountered 1. 26 ft. 2. 36 ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

OFFICE USE ONLY
T
R
SEC
NW 1/4
NW 1/4
NW 1/4

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.