

1 LOCATION OF WATER WELL County: SHAWNEE	Fraction SW 1/4 NW 1/4 NE 1/4	Section Number 15	Township Number T 11 S	Range Number R 14 EW
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Distance and direction from nearest town or city? _____ Street address of well if located within city? **101 PINE**

2 WATER WELL OWNER: **WILLIAM DIARD**
 RR#, St. Address, Box #: **101 PINE SILVER LAKE KAN 66539**
 City, State, ZIP Code: _____
 Board of Agriculture, Division of Water Resources
 Application Number: _____

3 DEPTH OF COMPLETED WELL: **41** ft. Bore Hole Diameter: **8** in. to **26** ft., and **5** in. to **41** ft.

Well Water to be used as:

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

Well's static water level: **26** ft. below land surface measured on **8** month **8** day **80** year

Pump Test Data: Well water was **26** ft. after **1** hours pumping. **16** gpm

Est. Yield: **20** 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 <input checked="" type="checkbox"/> Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass	Threaded _____	

Blank casing dia **5** in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **14** in., weight _____ lbs./ft. Wall thickness or gauge No. **300**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify)
		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	
		7 Torch cut	10 Other (specify)	

Screen-Perforation Dia: **5** in. to **41** ft., Dia **5** in. to **39** ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From **26** ft. to **12** 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 **1** ft. to **11** 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 **SW** How many feet **25** ? 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 **GOLDS** Model No. **10EJUS** HP **1/2** Volts **115**

Depth of Pump Intake **38** ft. Pumps Capacity rated at **10** 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 **8** month **9** day **80** year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **333**

This Water Well Record was completed on _____ month _____ day _____ year under the business name of **H.L. POTTIT** by (signature) **H.L. Pottit**

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4	TOP SOIL			
4	12	BROWN SILT			
12	18	SANDY FINE			
18	23	SAND + MUD			
23	26	FINE SAND			
26	28	MUD + SAND			
28	41	SAND + GRAVEL			

ELEVATION: _____

Depth(s) Groundwater Encountered 1. _____ 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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