

Silver Lake

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1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: SHAWNEE	SE 1/4 SE 1/4 NW 1/4	15	T 11 S	R 14 EW

Distance and direction from nearest town or city? _____ Street address of well if located within city? **414 APOLLO**

2 WATER WELL OWNER: **MR. G. McCLURE**
 RR#, St. Address, Box #: **414 APOLLO**
 City, State, ZIP Code: **SILVER LAKE KAN. 66616**
 Board of Agriculture, Division of Water Resources
 Application Number: _____

3 DEPTH OF COMPLETED WELL: **42** ft. Bore Hole Diameter: **8** in. to **29** ft., and **5** in. to **42** ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well
 2 Irrigation 4 Industrial **7 Lawn and garden only** 10 Observation well 12 Other (Specify below)
 Well's static water level: **28 1/2** ft. below land surface measured on **4** month **28** day **81** year
 Pump Test Data: Well water was **29** ft. after **1** hours pumping **16** gpm
 Est. Yield **30** 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 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing dia: **5** in. to **42** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **12** in., weight _____ lbs./ft. Wall thickness or gauge No **160**
 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) _____
 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 **42** ft., Dia **5** in. to **37** ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From **37** ft. to **42** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From **10** ft. to **30** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: **Neat cement** 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From **20** ft. to **10** 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 11 Fertilizer storage 15 Oil well/Gas well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below) _____
 3 Lateral lines 6 Pit privy 9 Livestock pens **13 Watertight sewer lines** _____
 Direction from well: **NW** 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 **GOULD** Model No. **10RT** HP **1/2** Volts **115**
 Depth of Pump Intake **40** ft. Pumps Capacity rated at **10** gal./min.
 Type of pump: **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 **4** month **28** day **81** 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 **5** month **5** day **81** year under the business name of **H.L. PETTIT** by (signature) **H.L. PETTIT**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	4	TOP SOIL			
	4	12	LIGHT BROWN SILT			
	12	20	SAND			
	20	29	SAND MUD + GRAVEL			
	29	42	GRAVEL			

ELEVATION: **725**
 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.

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