

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Shawnee</u>	<u>NE 1/4 NE 1/4 NW 1/4</u>	<u>3</u>	T <u>11</u> S	R <u>15</u> EW

Distance and direction from nearest town or city? \_\_\_\_\_ Street address of well if located within city? 5035 NW 46 street

2 WATER WELL OWNER: David Schlup  
 RR#, St. Address, Box #: 5035 NW 46 Th  
 City, State, ZIP Code: Topeka, KS 66618  
 Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_

3 DEPTH OF COMPLETED WELL: 30 ft. Bore Hole Diameter: 8 in. to 30 ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Well Water to be used as:  
 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well  
 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 7 Lawn and garden only 10 Observation well  
 Well's static water level: 9 ft. below land surface measured on Mar month 9 day 81 year  
 Pump Test Data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield 2 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 10 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: 24 in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. SPR 26

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel  3 Stainless steel  5 Fiberglass  8 RMP (SR)  10 Asbestos-cement  
 2 Brass  4 Galvanized steel  6 Concrete tile  9 ABS  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 30 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From 10 ft. to 30 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.

5 GROUT MATERIAL:  1 Neat cement  2 Cement grout  3 Bentonite  4 Other \_\_\_\_\_  
 Grouted Intervals: From 0 ft. to 9 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 0 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: EAST How many feet: 100+ ? 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 (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on Mar month 9 day 81 year \_\_\_\_\_  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 316  
 This Water Well Record was completed on May month 10 day 81 year under the business name of Robison Daling by (signature) Jack Robison

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	TS			
3	12	loamy clay			
12	16	Muddy muck			
16	19	Rotten Sandstone			
19	26	sandstone Brown			
26	30	shale			

ELEVATION: 950

Depth(s) Groundwater Encountered 1. 12 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.