

LOCATION OF WATER WELL  
 County: Shawnee Fraction: SE 1/4 NE 1/4 SE 1/4 Section Number: 10 Township Number: T 11 S Range Number: R 15 E  
 Distance and direction from nearest town or city? 1 N of Topeka Street address of well if located within city?

WATER WELL OWNER: Ernest Cowles  
 P.O. #, St. Address, Box #: 3321 NW Brickyard Rd. Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Topeka 66618 Application Number:

DEPTH OF COMPLETED WELL: 50 ft. Bore Hole Diameter: 12 in. to \_\_\_\_\_ 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: 17 ft. below land surface measured on Aug month 1 day 83 year  
 Pump Test Data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Test Yield: 3 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

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 0-17 ft., Dia: 5 in. to 27-50 ft., Dia: \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: 24 in., weight: 28.2 lbs./ft. Wall thickness or gauge No: 258

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 \_\_\_\_\_ ft., Dia: \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From: 17 ft. to 27 ft., From: \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Gravel Pack Intervals: From: 10 ft. to 50 ft., From: \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_  
 Grouted Intervals: From: 0 ft. to 10 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)  
 Direction from well: E How many feet: 120 ? 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 \_\_\_\_\_  
 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

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was  
 completed on August month 1 day 1983 year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 182  
 This Water Well Record was completed on September month 9 day 1983 year under the business  
 name of Strader Drlg Co Inc by (signature) Dale Eskren

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	3	TOP Soil			
	3	15	Clay brown			
	15	23	Fine Sand			
	23	26	20LS, grey			
	26	31	31/9 Shale grey			
	31	33	20LS, grey			
	33	50	19 Shale grey			

DEPTH: \_\_\_\_\_ ft. 1. 17 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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