

1 LOCATION OF WATER WELL
 County: Shawnee Fraction: NE 1/4 SW 1/4 NE 1/4 Section Number: 19 Township Number: T 11 S Range Number: R 16 EW

Distance and direction from nearest town or city? _____ Street address of well if located within city? 1928 N POLK

2 WATER WELL OWNER: Lewis CARRIGER
 RR#, St. Address, Box #: 1928 N POLK Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Topeka Kansas 66608 Application Number: _____

3 DEPTH OF COMPLETED WELL: 44' ft. Bore Hole Diameter: 8" in. to 29' ft., and 5" in. to 44' 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 Lawn and garden only 9 Dewatering 12 Other (Specify below) _____
 10 Observation well _____
 Well's static water level: 29' ft. below land surface measured on MARCH month 23 day 1981 year
 Pump Test Data: Well water was 32' ft. after 1 hours pumping 15 gpm
 Est. Yield 50 gpm: Well water was 32' ft. after 4 hours pumping 15 gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 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 39' ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 16' in., weight 1.5 lbs./ft. Wall thickness or gauge No. 214

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 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 Mill slot 5 Gauzed wrapped 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., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 39' ft. to 44' ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: 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 Surface 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 10 Fuel storage 14 Abandoned water well
 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: North West How many feet: 78' ? 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: Goulds Model No. 10EJ HP 1/2 Volts 115
 Depth of Pump Intake: 40' ft. Pumps Capacity rated at 15 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 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on MARCH month 23 day 1981 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 406
 This Water Well Record was completed on MARCH month 23 day 1981 year under the business name of Desch Equipment by (signature) H. V. [Signature]

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Topsoil			
3	21	Silty Light brown			
21	23	Sand v Fine			
23	29	Sand coarse			
29	39	Coarse sand, sm gravel			
39	44	sm sand & gravel			

ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 29 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

OFFICE USE ONLY
T 11
R 16
EW
SEC
A
NE 1/4 SW 1/4 NE 1/4