

1 LOCATION OF WATER WELL  
 County: **OSAGE** Fraction: **SE 1/4 SE 1/4 SE 1/4** Section Number: **13** Township Number: **T 14 S** Range Number: **R 15 E**

Distance and direction from nearest town or city? **1/2 M NORTH**  
 Street address of well if located within city?  
**CAMBDALE**

2 WATER WELL OWNER: **JOHN STAATBAUM**  
 RR#, St. Address, Box #: **BOX 51 OVER BROOK KS.** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **66564** Application Number:

3 DEPTH OF COMPLETED WELL: **92** ft. Bore Hole Diameter: **9** in. to **17** ft., and **6** in. to **92** 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: **13'** ft. below land surface measured on **JULY 23** month **23** day **81** year

Pump Test Data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield: **5** gpm Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel  3 RMP (SR)  6 Asbestos-Cement  9 Other (specify below)  Casing Joints: **Glued**  Clamped  Welded  Threaded

Blank casing dia: **5** in. to **70** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: **12** in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No: **200**

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel  3 Stainless steel  5 Fiberglass  8 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  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  10 Other (specify) \_\_\_\_\_

Screen-Perforation Dia: **5** in. to **92** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From **70** ft. to **92** 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:  1 Neat cement  2 Cement grout  3 Bentonite  4 Other \_\_\_\_\_  
 Grouted Intervals: From **0** ft. to **17** 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) **CAREK. APP 2001 WEST**

Direction from well: **WEST** How many feet: **APP 800** ? 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: **TOUVILL** Model No: **10 STAGE** HP: **1/2** Volts: **230**  
 Depth of Pump Intake: **89** ft. Pumps Capacity rated at: **7 GPM** 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 **JULY 23** 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. **119A**  
 This Water Well Record was completed on **JULY 23** month **23** day **81** year under the business name of **JUNGMAN Bros Drilling Co.** by (signature) *Jungman Bros*

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	<b>0</b>	<b>12</b>	<b>CLAY</b>			
	<b>12</b>	<b>40</b>	<b>LIME</b>			
	<b>40</b>	<b>70</b>	<b>SHALE</b>			
	<b>70</b>	<b>80</b>	<b>SANDY SHALE WATER</b>			
	<b>80</b>	<b>86</b>	<b>SHALE</b>			
	<b>86</b>	<b>92</b>	<b>LIME</b>			

ELEVATION: Depth(s) Groundwater Encountered 1. **70** ft. 2. **80** 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  
T 14  
R 15  
SEC. 13  
S E 1/4 SE 1/4 SE 1/4