

1 LOCATION OF WATER WELL  
 County: Osege Fraction: SE 1/4 SE 1/4 NE 1/4 Section Number: 4 Township Number: T 14 S Range Number: R 16E EW

Distance and direction from nearest town or city? 2E 3N of C-dale Street address of well if located within city? \_\_\_\_\_

2 WATER WELL OWNER: Robert T Mc Elroy  
 RR#, St. Address, Box #: 1431 Pembroke Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Topeka, KS 66604 Application Number: \_\_\_\_\_

3 DEPTH OF COMPLETED WELL: 71 ft. Bore Hole Diameter: 17 in. to 6.25 in. to 71 ft.

Well Water to be used as:  
 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: 8' ft. below land surface measured on 7 month 28 day 80 year

Pump Test Data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield 1/2-1 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: 0.5 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: 200

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  10 Other (specify) \_\_\_\_\_  
 7 Torch cut \_\_\_\_\_

Screen-Perforation Dia: 5 in. to 71 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From 10 ft. to 71 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Gravel Pack Intervals: From 8 ft. to 71 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 8 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:  
 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 7 month 28 day 80 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 Sept month 20 day 80 year under the business name of Robison Drilling by (signature) Jack Robison

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	Top Soil			
5	12	Brk Lime			
12	48	shale grey			
48	68	Limed			
68	71	shale			

ELEVATION: \_\_\_\_\_

Depth(s) Groundwater Encountered 1. 10 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.

OFFICE USE ONLY

T 14 R 16E EW SEC. 4 SE 1/4 SE 1/4 NE 1/4