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LOCATION OF WATER WELL County: Douglas	Fraction SE 1/4 SE 1/4 NE 1/4	Section Number 3	Township Number T 16 S	Range Number R 19 E
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Distance and direction from nearest town or city? **4 1/2 West Baldwin**

Street address of well if located within city?

WATER WELL OWNER: **Rural Dist. #2**

R.R.#, St. Address, Box #: **R.R. #2**

City, State, ZIP Code: **Baldwin, Kansas 66006**

Board of Agriculture, Division of Water Resources
Application Number:

DEPTH OF COMPLETED WELL: **145** ft. Bore Hole Diameter: **12** in. to **68** ft., and **10** in. to **77** ft.

Well Water to be used as:

<input checked="" type="checkbox"/> 5 Public water supply	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 11 Injection well
<input type="checkbox"/> 1 Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only
<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)	
<input type="checkbox"/> 10 Observation well		

Well's static water level: **41** ft. below land surface measured on _____ month _____ day _____ year

Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm

Test Yield: **33** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	Casing Joints: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	<input checked="" type="checkbox"/> Welded
		<input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> Threaded

Blank casing dia: **8 1/2** in. to **68** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: **36** in., weight **Sch. 40** lbs./ft. Wall thickness or gauge No _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS	<input checked="" type="checkbox"/> 12 None used (open hole)

Screen or Perforation Openings Are:

<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)			

Screen-Perforation Dia: _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

No

GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other **Power Cement Monarch**

Grouted Intervals: From **4** ft. to **68** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination? **None**

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Cess pool	<input type="checkbox"/> 7 Sewage lagoon	<input type="checkbox"/> 10 Fuel storage	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Seepage pit	<input type="checkbox"/> 8 Feed yard	<input type="checkbox"/> 11 Fertilizer storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Lateral lines	<input type="checkbox"/> 6 Pit privy	<input type="checkbox"/> 9 Livestock pens	<input type="checkbox"/> 12 Insecticide storage	<input type="checkbox"/> 16 Other (specify below)
			<input type="checkbox"/> 13 Watertight sewer lines	

Direction from well _____ How many feet _____? Water Well Disinfected? Yes No

Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample submitted _____ month _____ day _____ year

Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____

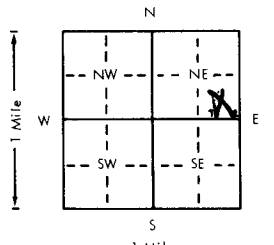
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.

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 **November** _____ month **20** _____ day **1980** _____ year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **371**

This Water Well Record was completed on **December** _____ month **21** _____ day **1980** _____ year under the business name of **Royce Swank Drilling** by (signature) **Royce Swank**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	4	Soil			
	4	26	Clay			
	26	68	Yellow Sand Rock			
	68	88	Gray Sand Rock			
	88	135	White Sand			
	135	138	Lime			
	138	145	Shale			

ELEVATION: _____

Depth(s) Groundwater Encountered **1. 68** ft. **2. 88** 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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R 19
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SE 1/4
NE 1/4