

1 LOCATION OF WATER WELL County: Dickinson	Fraction SW ¼ SW ¼ SW ¼	Section Number 19	Township Number T 15 S	Range Number R 2 (EW)
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Distance and direction from nearest town or city? **3 miles north and 2 east of Carlton** Street address of well if located within city?

2 WATER WELL OWNER: **Mrs. Carolyn Barten**
 RR#, St. Address, Box #: **Carlton, Kans. 67429**
 City, State, ZIP Code: Board of Agriculture, Division of Water Resources
 Application Number:

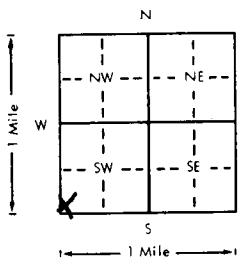
3 DEPTH OF COMPLETED WELL... **60** ft. Bore Hole Diameter... **9** in. to ... ft., and ... in. to ... ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level... **22** ft. below land surface measured on **January** month **28** day **1981** year
 Pump Test Data: Well water was ... ft. after ... hours pumping... gpm
 Est. Yield **30** 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 SDR **26** Threaded
 Blank casing dia... **5** in. to **22** ft., Dia... in. to ... ft., Dia... in. to ... ft.
 Casing height above land surface... **22** in., weight... **200** lbs./ft. Wall thickness or gauge No **0.258**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement SDR **26**
 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
 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... **22** ft. to ... **60** ft., From ... ft. to ... ft., From ... ft. to ... ft.
 Gravel Pack Intervals: From... **13** ft. to ... **60** 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... **3** ft. to ... **13** 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)
 13 Watertight sewer lines
 Direction from well... **south** How many feet... **225**? 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 Volts
 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 **January** month **28** day **1981** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **397**
 This Water Well Record was completed on **January** month **31** day **1981** year under the business name of **CENTRAL KANSAS DRILLING** by (signature) *Harold O. Martin*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	5	Black top soil		
	5	27	Lite brown clay			
	27	29	Soft limestone			
	29	38	Lite gray clay			
	38	40	Hard lite color limestone			
	40	44	Gray clay			
	44	48	Gray shale			
	48	50	Gypsum rock			
	50	51	Soft gray clay			
	51	58	Gypsum rock			
	58	60	Gray clay			



Depth(s) Groundwater Encountered 1. ... 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
15
R
2
DW
SEC. 19
SW ¼
SW ¼
SW ¼
SW ¼