

LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number			
County: <u>Lyon</u>		$\frac{1}{4}$ <u>SW $\frac{1}{4}$ of NE $\frac{1}{4}$</u>	<u>18</u>	T <u>16</u> S	R <u>11</u> EW			
Distance and direction from nearest town or city? <u>3 1/2 miles west of Allen Kansas</u>			Street address of well if located within city?					
WATER WELL OWNER: <u>Nick Laurent</u>			Board of Agriculture, Division of Water Resources					
R#, St. Address, Box #: <u>2302 Diane</u>			Application Number:					
City, State, ZIP Code: <u>Emporia Kansas 66801</u>								
DEPTH OF COMPLETED WELL: _____ ft. Bore Hole Diameter: _____ in. to _____ ft., and _____ in. to _____ ft.								
Well Water to be used as:								
1 Domestic		3 Feedlot	6 Oil field water supply	9 Dewatering	12 Other (Specify below)			
2 Irrigation		4 Industrial	7 Lawn and garden only	10 Observation well				
Well's static water level _____ ft. below land surface measured on _____ month _____ day _____ year								
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm								
Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm								
TYPE OF BLANK CASING USED:								
1 Steel		3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____			
2 PVC		4 ABS	7 Fiberglass		Threaded _____			
Blank casing dia _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.								
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No _____								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	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	6 Wire wrapped	9 Drilled holes				
2 Louvered shutter		4 Key punched	7 Torch cut	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.								
GROUT MATERIAL:								
1 Neat cement		2 Cement grout	3 Bentonite	4 Other _____				
Grouted Intervals: From _____ ft. to _____ 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) _____			
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 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								
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) <u>plugged</u> under my jurisdiction and was completed on _____ <u>December</u> _____ month _____ <u>14</u> _____ day _____ <u>1979</u> _____ year								
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>NONE</u>								
This Water Well Record was completed on _____ <u>January</u> _____ month _____ <u>9</u> _____ day _____ <u>1980</u> _____ year under the business name of <u>Allen Creek Watershed District #89</u> by (signature) <u>David Childers</u>								
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
				NOT LOGGED			NOT LOGGED	
ELEVATION:								
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.