

1 LOCATION OF WATER WELL
 County: OSage Fraction: SE 1/4 SE 1/4 SE 1/4 Section Number: 22 Township Number: T 18 S Range Number: R 16 E/W
 Distance and direction from nearest town or city? 3 1/2 South 3/4 E Melvern Street address of well if located within city?

2 WATER WELL OWNER: Harold Skelinbarger
 RR#, St. Address, Box # Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: MELVERN, Kan. Application Number:

3 DEPTH OF COMPLETED WELL: 200 ft. Bore Hole Diameter: 8 1/4 in. to 20 ft., and 6 1/2 in. to 200 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 140 ft. below land surface measured on _____ month _____ day _____ year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 7 PVC 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued X Clamped _____
 2 Brass 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing dia 5 1/2 in. to 200 ft., Dia 1 1/8 in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 18 in., weight Sch 40 lbs./ft. Wall thickness or gauge No. Sch 40
 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 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 1/2 in. to 1 1/8 ft., Dia 1 1/8 in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 180 ft. to 200 ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: No 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 21 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 North How many feet 20 ? Water Well Disinfected? Yes X No _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample
 was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No X
 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 March 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 March month 22 day 1980 year under the business
 name of Royce Swank Drilling by (signature) Royce Swank

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4	soil			
4	20	clay			
20	25	lime			
25	60	shald			
60	75	lime			
75	80	blaci shald			
80	83	lime			
83	180	shald			
180	200	white sand			

ELEVATION:
 Depth(s) Groundwater Encountered 1. 180 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

OFFICE USE ONLY

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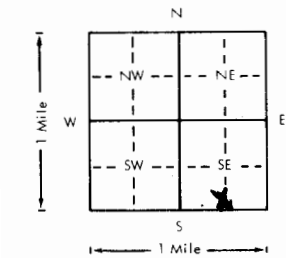
R

16

EW

SEC.

SE 1/4 SW 1/4 SE 1/4



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.