

1 LOCATION OF WATER WELL
 County: Marion Section Number 17 Township Number T 18 S Range Number R 4 E E/W
 Fraction Se 1/4 NE 1/4

Distance and direction from nearest town or city? 2W 1/4 S of Lincolnville Kan.
 Street address of well if located within city?

2 WATER WELL OWNER: Dr L. Navrat
 RR#, St. Address, Box #: 204 N. Belmont Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Wichita, Ks 67208 Application Number:

3 DEPTH OF COMPLETED WELL: 58 ft. Bore Hole Diameter: 9 in. to 15 ft., and 7 in. to 58 ft.
 Well Water to be used as:
 1 Domestic XX Feedlot 2 Irrigation 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)
 Well's static water level: 30 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 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued XXX Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing dia: 5 in. to 43 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 15 in., weight 160 lbs./ft. Wall thickness or gauge No 160
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 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 XXXX 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 58 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 43 ft. to 58 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 15 ft. to 58 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement XXX 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 5 ft. to 15 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: SE How many feet: 50+ ? Water Well Disinfected? Yes XXX No _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No XXXX If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes _____ No XX
 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 July 5 1980 month July day 5 1980 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 180
 This Water Well Record was completed on July month 11th day 1980 year under the business name of Backhus Drilling by (signature)

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	<u>0</u>	<u>3</u>	<u>Top soil</u>			
	<u>3</u>	<u>32</u>	<u>Yellow clay</u>			
	<u>32</u>	<u>33</u>	<u>Some Water</u>			
	<u>33</u>	<u>50</u>	<u>Shale</u>			
	<u>50</u>	<u>51</u>	<u>Water</u>			
	<u>51</u>	<u>58</u>	<u>Shale</u>			

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.

OFFICE USE ONLY
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R
4
DN
SEC.
17
SE 1/4
NE 1/4
NW 1/4
SW 1/4