

**1 LOCATION OF WATER WELL**  
 County: Marion Fraction: SW 1/4 SW 1/4 SE 1/4 Section Number: 34 Township Number: T 19 S Range Number: R 4 EW  
 Distance and direction from nearest town or city? 1 1/2 E Marion Street address of well if located within city?

**2 WATER WELL OWNER:** Charter Kennedy  
 RR#, St. Address, Box #: RR Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Marion, Ke. Application Number:

**3 DEPTH OF COMPLETED WELL** ... 102 ft. Bore Hole Diameter ... 9 in. to 15 ft., and 7 in. to 102 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 ... 6.5 ft. below land surface measured on 3 month 10 day 01 year  
 Pump Test Data: Well water was ... ft. after ... hours pumping ... gpm  
 Est. Yield 25 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 Threaded  
 Blank casing dia 5 in. to 10 6.5 ft., Dia 10 6.5 in. to ... ft., Dia ... in. to ... ft.  
 Casing height above land surface ... in., weight Class 160 lbs./ft. Wall thickness or gauge No. 160  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)  
 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 102 ft., Dia ... in. to ... ft., Dia ... in. to ... ft.  
 Screen-Perforated Intervals: From 6.5 ft. to 102 ft., From ... ft. to ... ft., From ... ft. to ... ft.  
 Gravel Pack Intervals: From 15 ft. to 102 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 50 E How many feet 50 X ? 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

**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 3 month 10 day 01 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 3 month 13 day 01 year under the business name of Backhu Drilling by (signature) Paul Backhu

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Top Soil			
2	50	lime Stone + Shale			
50	65	yellow clay			
65	66	Some Water			
66	80	Red Shale			
80	95	lime Stone			
95	96	Water			
96	102	Gray Rock			

**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  
 T 19  
 R 4  
 SEC. 34  
 SW 1/4 SW 1/4 SE 1/4