

1 LOCATION OF WATER WELL
 County: MARION Fraction SW 1/4 SW 1/4 SE 1/4 Section Number 6 Township Number T 21 S Range Number R 1 E/W

Distance and direction from nearest town or city? 1/2 West of Goessel Street address of well if located within city?

2 WATER WELL OWNER: Doug E. Ethingam
 RR#, St. Address, Box #: R.R. #2 - Box 125 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Newton, KANSAS Application Number:

3 DEPTH OF COMPLETED WELL: 45 ft. Bore Hole Diameter: 12 in. to 48 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 8 Air conditioning 11 Injection well
 Well's static water level: 19 ft. below land surface measured on _____ month 21 day 80 year
 Pump Test Data: Well water was 24 ft. after _____ hours pumping 15 gpm
 Est. Yield 25/30 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Casing Joints: Glued Clamped
 2 PVC 4 ABS 7 Fiberglass Threaded
 Blank casing dia: 6 in. to 45 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 18 in., weight 3.36 lbs./ft. Wall thickness or gauge No. 225
 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: 6" in. to 42' ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 From 32 ft. to 42 ft., From 020 slot ft. to _____ ft.
 Gravel Pack Intervals: From 10 ft. to 45 ft., From _____ ft. to _____ ft., From _____ ft. to _____ 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 10 ft. to 0 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: SW How many feet: 80 ? Water Well Disinfected? Yes No
 Was a chemical/bacteriological sample submitted to Department? Yes No No If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes No 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 5 month 21 day 80 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 175
 This Water Well Record was completed on 6 month 26 day 80 year under the business name of PAUL'S INC. by (signature) Paul Burkhardt

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	3	top soil - loam			
	3	7	dk grey clay			
	7	10	sandy grey clay			
	10	14	clay			
	14	20	light			
	20	25	sand & clay veins			
	25	35	med SAND			
	35	36	grey clay			
	36	42	med to coarse sand			
	42	45	green-grey shale			

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.