

|                          |                                        |                |                 |              |
|--------------------------|----------------------------------------|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL | Fraction                               | Section Number | Township Number | Range Number |
| County: <b>MARION</b>    | <del>NW 1/4</del> <b>NE 1/4 SW 1/4</b> | <b>15</b>      | <b>T 21 S</b>   | <b>R 1 E</b> |

Distance and direction from nearest town or city? **1 1/2 E + 1 1/2 S Gossel**

Street address of well if located within city?

2 WATER WELL OWNER: **Lee Beckee**

RR#, St. Address, Box #: **RT2**

City, State, ZIP Code: **Newton Ks**

Board of Agriculture, Division of Water Resources  
Application Number:

3 DEPTH OF COMPLETED WELL: **37** ft. Bore Hole Diameter: **8"** in. to **37'** ft., and . . . . . in. to . . . . . ft.

Well Water to be used as:

|                                                |                                       |                                                   |                                              |                                                   |
|------------------------------------------------|---------------------------------------|---------------------------------------------------|----------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> 1 Domestic | <input type="checkbox"/> 3 Feedlot    | <input type="checkbox"/> 5 Public water supply    | <input type="checkbox"/> 8 Air conditioning  | <input type="checkbox"/> 11 Injection well        |
| <input type="checkbox"/> 2 Irrigation          | <input type="checkbox"/> 4 Industrial | <input type="checkbox"/> 6 Oil field water supply | <input type="checkbox"/> 9 Dewatering        | <input type="checkbox"/> 12 Other (Specify below) |
|                                                |                                       | <input type="checkbox"/> 7 Lawn and garden only   | <input type="checkbox"/> 10 Observation well |                                                   |

Well's static water level: **14** ft. below land surface measured on **8** month **6** day **81** year

Pump Test Data: Well water was **8** ft. after **24** hours pumping. **10** gpm

Est. Yield: **10** gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

4 TYPE OF BLANK CASING USED:

|                                             |                                     |                                            |                                                  |                                                  |
|---------------------------------------------|-------------------------------------|--------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| <input checked="" type="checkbox"/> 1 Steel | <input type="checkbox"/> 3 RMP (SR) | <input type="checkbox"/> 5 Wrought iron    | <input type="checkbox"/> 8 Concrete tile         | Casing Joints: Glued . . . . . Clamped . . . . . |
| <input type="checkbox"/> 2 PVC              | <input type="checkbox"/> 4 ABS      | <input type="checkbox"/> 6 Asbestos-Cement | <input type="checkbox"/> 9 Other (specify below) | Welded . . . . .                                 |
|                                             |                                     | <input type="checkbox"/> 7 Fiberglass      |                                                  | Threaded . . . . .                               |

Blank casing dia: **5** in. to **17** ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.

Casing height above land surface: **18** in., weight **200** lbs./ft. Wall thickness or gauge No. **250**

TYPE OF SCREEN OR PERFORATION MATERIAL:

|                                             |                                             |                                          |                                           |                                                   |
|---------------------------------------------|---------------------------------------------|------------------------------------------|-------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> 1 Steel | <input type="checkbox"/> 3 Stainless steel  | <input type="checkbox"/> 5 Fiberglass    | <input checked="" type="checkbox"/> 7 PVC | <input type="checkbox"/> 10 Asbestos-cement       |
| <input type="checkbox"/> 2 Brass            | <input type="checkbox"/> 4 Galvanized steel | <input type="checkbox"/> 6 Concrete tile | <input type="checkbox"/> 8 RMP (SR)       | <input type="checkbox"/> 11 Other (specify)       |
|                                             |                                             |                                          | <input type="checkbox"/> 9 ABS            | <input type="checkbox"/> 12 None used (open hole) |

Screen or Perforation Openings Are:

|                                             |                                                 |                                           |                                             |                                              |
|---------------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> 1 Continuous slot  | <input checked="" type="checkbox"/> 3 Mill slot | <input type="checkbox"/> 5 Gauzed wrapped | <input type="checkbox"/> 8 Saw cut          | <input type="checkbox"/> 11 None (open hole) |
| <input type="checkbox"/> 2 Louvered shutter | <input type="checkbox"/> 4 Key punched          | <input type="checkbox"/> 6 Wire wrapped   | <input type="checkbox"/> 9 Drilled holes    |                                              |
|                                             |                                                 | <input type="checkbox"/> 7 Torch cut      | <input type="checkbox"/> 10 Other (specify) |                                              |

Screen-Perforation Dia: **5** in. to **37** ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.

Screen-Perforated Intervals: From **17** ft. to **37** ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

Gravel Pack Intervals: From **10** ft. to **37** ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

5 GROUT MATERIAL:

|                                        |                                                    |                                      |                                  |
|----------------------------------------|----------------------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> 1 Neat cement | <input checked="" type="checkbox"/> 2 Cement grout | <input type="checkbox"/> 3 Bentonite | <input type="checkbox"/> 4 Other |
|----------------------------------------|----------------------------------------------------|--------------------------------------|----------------------------------|

Grouted Intervals: From **0** ft. to **10** ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

What is the nearest source of possible contamination:

|                                          |                                        |                                           |                                                    |                                                             |
|------------------------------------------|----------------------------------------|-------------------------------------------|----------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> 1 Septic tank   | <input type="checkbox"/> 4 Cess pool   | <input type="checkbox"/> 7 Sewage lagoon  | <input type="checkbox"/> 10 Fuel storage           | <input checked="" type="checkbox"/> 14 Abandoned water well |
| <input type="checkbox"/> 2 Sewer lines   | <input type="checkbox"/> 5 Seepage pit | <input type="checkbox"/> 8 Feed yard      | <input type="checkbox"/> 11 Fertilizer storage     | <input type="checkbox"/> 15 Oil well/Gas well               |
| <input type="checkbox"/> 3 Lateral lines | <input type="checkbox"/> 6 Pit privy   | <input type="checkbox"/> 9 Livestock pens | <input type="checkbox"/> 12 Insecticide storage    | <input type="checkbox"/> 16 Other (specify below)           |
|                                          |                                        |                                           | <input type="checkbox"/> 13 Watertight sewer lines |                                                             |

Direction from well: **NE** How many feet: **100** ? 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: **Red Jacket** Model No. **HP Y2** Volts: **230**

Depth of Pump Intake: **34** ft. Pumps Capacity rated at: **5** 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  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **8** month **6** day **81** year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **407**

This Water Well Record was completed on **8** month **31** day **81** year under the business name of **Hydro Drilling** by (signature) **Jim C. . . . .**

| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | FROM      | TO        | LITHOLOGIC LOG   | FROM | TO | LITHOLOGIC LOG |
|------------------------------------------------------|-----------|-----------|------------------|------|----|----------------|
|                                                      | <b>0</b>  | <b>14</b> | <b>CLAY SAND</b> |      |    |                |
|                                                      | <b>14</b> | <b>37</b> |                  |      |    |                |

ELEVATION: Depth(s) Groundwater Encountered 1. **14** ft. 2. **27** 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.

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