

1 LOCATION OF WATER WELL
 County: Chase Fraction NW 1/4 NW 1/4 SE 1/4 Section Number 17 Township Number T 21 S Range Number R 6 EW
 Distance and direction from nearest town or city? 4 mi. SE. Street address of well if located within city?

2 WATER WELL OWNER: Galen Carpenter
 RR#, St. Address, Box #: RR # 1 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Cedar Point, Kansas 66801 Application Number:

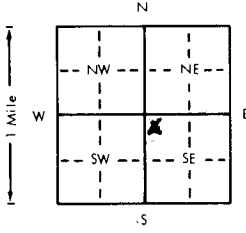
3 DEPTH OF COMPLETED WELL: 66 ft. Bore Hole Diameter: 9 in. to 52 ft., and 6 in. to 66 ft.
 Well Water to be used as:
 Domestic Feedlot Oil field water supply Air conditioning Injection well
 Irrigation Industrial Lawn and garden only Dewatering Other (Specify below)
 Observation well
 Well's static water level: 24 ft. below land surface measured on 12 month 7 day 82 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:
 Steel RMP (SR) Wrought iron Concrete tile Casing Joints: Glued Clamped
 PVC ABS Asbestos-Cement Other (specify below) Welded
 Fiberglass Threaded
 Blank casing dia: 5 in. to 48 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 2.33 lbs./ft. Wall thickness or gauge No. 214
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless steel Fiberglass RMP (SR) Asbestos-cement
 Brass Galvanized steel Concrete tile ABS None used (open hole)
 Screen or Perforation Openings Are:
 Continuous slot Mill slot Gauzed wrapped Saw cut None (open hole)
 Louvered shutter Key punched Wire wrapped Drilled holes
 Torch cut Other (specify) _____
 Screen-Perforation Dia: 5 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 48 ft. to 66 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 16 ft. to 66 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
 Grouted Intervals: From 4 ft. to 14 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank Cess pool Sewage lagoon Fuel storage Abandoned water well
 Sewer lines Seepage pit Feed yard Fertilizer storage Oil well/Gas well
 Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Watertight sewer lines
 Direction from well: West How many feet: 450 ? 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: Submersible Turbine Jet Centrifugal Reciprocating 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 12 month 7 day 82 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 372
 This Water Well Record was completed on 12 month 11 day 82 year under the business name of _____ by (signature)

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



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Top soil			
2	5	Tan clay			
5	18	Clay with some gravel			
18	32	Gray shale			
32	42	Tan clay			
42	49	Soft gray clay or shale			
49	52	Gravel (large)			
52	66	Intermittent gray rock and shale			

ELEVATION: _____

Depth(s) Groundwater Encountered 1. 49 ft. 2. 63 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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S
17
NW 1/4
NW 1/4
SE 1/4