

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>Greenwood</u>		<u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	<u>18</u>	T <u>22</u> S	R <u>12</u> (E)N		
Distance and direction from nearest town or city?			Street address of well if located within city?				
			<u>415 E Santa Fe Madison KS</u>				
2 WATER WELL OWNER: <u>C F Stubbs</u>							
RR#, St. Address, Box #: <u>415 E Santa Fe</u>							
City, State, ZIP Code: <u>Madison KS 66860</u>							
Board of Agriculture, Division of Water Resources Application Number: <u>NA</u>							
3 DEPTH OF COMPLETED WELL: <u>39</u> ft. Bore Hole Diameter: <u>18</u> in. to <u>27</u> ft., and <u>8</u> in. to <u>39</u> 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: <u>18</u> ft. below land surface measured on <u>8</u> month <u>5</u> day <u>80</u> year							
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm							
Est. Yield <u>59</u> 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 <input checked="" type="checkbox"/> Clamped _____		
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____		
Blank casing dia: <u>6</u> in. to <u>19</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass			Threaded _____		
Casing height above land surface: <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No: <u>3/8</u> +							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement		
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____		
Screen or Perforation Openings Are: <input checked="" type="checkbox"/> Continuous slot		<input checked="" type="checkbox"/> 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: <u>6</u> in. to <u>39</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Screen-Perforated Intervals: From <u>20</u> ft. to <u>37</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
Gravel Pack Intervals: From <u>14</u> ft. to <u>39</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
5 GROUT MATERIAL:							
<input checked="" type="radio"/> Neat cement		2 Cement grout	<input checked="" type="radio"/> Bentonite	4 Other			
Grouted Intervals: From <u>10</u> ft. to <u>14</u> ft., From <u>10</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft.							
What is the nearest source of possible contamination:							
1 Septic tank		4 Cess pool	7 Sewage lagoon	11 Fertilizer storage	14 Abandoned water well		
2 Sewer lines		5 Seepage pit	8 Feed yard	12 Insecticide storage	15 Oil well/Gas well		
3 Lateral lines		6 Pit privy	9 Livestock pens	<input checked="" type="radio"/> Watertight sewer lines	16 Other (specify below) _____		
Direction from well: <u>North</u> How many feet: <u>100</u> + ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year							
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 _____ month _____ day _____ year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>203</u>							
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>McNee Drilling</u> by (signature) <u>[Signature]</u>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	18	CL Brn. to Gray			
		18	27	CL with Gravel			
		27	28	Sh Gray			
		28	31	Lime Gray			
		31	39	Sh Gray			
				39 TD on Hard Lime			
ELEVATION:							
Depth(s) Groundwater Encountered 1. <u>18</u> ft. 2. <u>24</u> ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)							

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