

1 LOCATION OF WATER WELL  
 County: **CHASE** Fraction: **NW 1/4 NW 1/4 NW 1/4** Section Number: **9** Township Number: **T 22 S** Range Number: **R 6 EW**

Distance and direction from nearest town or city? **3/4 West / 1/2 North WALSERVU** Street address of well if located within city?

2 WATER WELL OWNER: **PTL FEED Co.**  
 RR#, St. Address, Box #: **R.R. CEDAR POINT KS**  
 City, State, ZIP Code: **PTL FEED Co.**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 DEPTH OF COMPLETED WELL: **96** ft. Bore Hole Diameter: **11** in. to **30** ft., and **9"** in. to **96** ft.  
 Well Water to be used as:  
 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)  
 Well's static water level: **18'** ft. below land surface measured on **5** month **16** day **79** year  
 Pump Test Data: Well water was **88** ft. after **2** hours pumping **8** gpm  
 Est. Yield **8** 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 **96** ft., Dia. in. to ft., Dia. in. to ft.  
 Casing height above land surface: **18** in., weight **2.83** lbs./ft. Wall thickness or gauge No. **258**

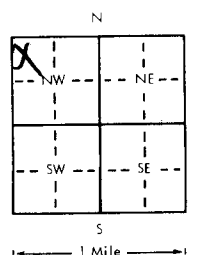
TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  
 Screen or Perforation Openings Are:  
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open 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 **94** ft., Dia. in. to ft., Dia. in. to ft.  
 Screen-Perforated Intervals:  
 From **42** ft. to **62** ft., From **74** ft. to **94** ft.  
 Gravel Pack Intervals:  
 From **10** ft. to **96** 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. 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: **100' plus**? 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 **5** month **16** day **79** 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 **9** month **14** day **79** year under the business name of **PAULS INC** by (signature) **Paul Bumbhart**

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



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	DARK br. clay/loam	75	90	GREY Rock (hard line)
2	15	Light GREY clay	90	95	Brown Rock
15	20	RED soft clay	95	96	" "
20	30	RED CLAY-LAYERED w/ lime rock			
30	40	BROWN CLAY			
40	45	Light brown CLAY			
45	50	" " " LAYERED w/ FLINT SEAMS			
50	55	FLINT Rock			
55	70	TAN MED soft Rock			
70	75	GREY AQUA Rock			

ELEVATION: Depth(s) Groundwater Encountered 1. **65** ft. 2. **91** 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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EW  
SEC.  
NW  
NE  
SW  
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